



# **Biannual Therapy Access Monitoring Report**

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**As Required by  
Senate Bill 1, 87th Legislature, Regular  
Session, 2021 (Article II, Health and  
Human Services Commission, Rider 10)**

**Health and Human Services  
Commission**

**December 2021**



**TEXAS**  
Health and Human  
Services

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# Executive Summary

This report fulfills the requirement in the 2022-23 General Appropriations Bill, Senate Bill 1, 87th Legislature, Regular Session, 2021 ([Article II, Health and Human Services Commission \[HHSC\], Rider 10](#)), for HHSC to analyze selected data related to pediatric acute care therapy services (including physical, occupational and speech therapies) for negative impact on access to care. HHSC must submit this report to the Legislative Budget Board and the Governor twice a year beginning fiscal year 2022.

This Rider 10 report addresses the following:

- The volume of substantiated<sup>1</sup> complaints and appeals from providers, members and other sources for June 2020 through May 2021 is low compared to the overall number of members receiving therapy services. The total number of substantiated complaints and appeals represents only a fraction of one percent of those members. In April and May 2021, provider complaints increased related to denials of payment by one MCO and denials of prior authorization by another. Both MCOs resolved these complaints.
- The HHSC contract with managed care organizations (MCOs) requires compliance with network adequacy standards for therapy providers. MCO network adequacy requirements for travel time and distance vary by county, depending on total population and population density. Since fiscal year (FY) 2019, an MCO is considered compliant if it achieved these varied standards for at least 90 percent of members within a county. However, beginning FY 2021 Quarter 1, members must have access to at least two network providers instead of one provider. Overall, for FY 2020 Quarter 4 through FY 2021 Quarter 3, the STAR+PLUS, STAR Kids and STAR Health programs met the 90 percent standard. In FY 2021 Quarter 3, performance in STAR improved to meet the 90 percent standard. It is possible for an MCO's overall average compliance rate to be high yet still below 90 percent in one or more counties. Most instances of non-compliance occurred in the Medicaid Rural Service Area West (MRSA West).
- The number of enrolled therapy providers was relatively stable until the deadline for Affordable Care Act (ACA)<sup>2</sup> reenrollment in February 2017. In

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<sup>1</sup> A complaint or appeal where research clearly indicates HHSC policy was violated or HHSC expectations were not met.

<sup>2</sup> The ACA is a federal law that required state Medicaid agencies to revalidate the enrollment of all providers in state Medicaid programs.

that month, the number of enrolled therapy providers decreased 13 percent. Therapy provider enrollment had rebounded by June 2021 to roughly 12 percent above its 2017 peak.

- The COVID-19 public health emergency (PHE) caused about a 13 percent drop in active providers from February to April 2020. However, by December 2020, the number of active providers rebounded above their February 2020 levels. Generally, over time, variations in the overall trend for active providers reflect changing participation by independent therapists.
- MCOs reported an average of 36 therapy provider terminations per month from June 2020 through May 2021 (total of 432 terminations). The main reasons therapy providers terminated from MCO networks include individual providers leaving a group practice (50 percent); loss of credential or failure to re-credential (18 percent); termination of contract (eight percent); and failure to maintain an active provider number (eight percent). If a provider leaves one MCO network, the provider could continue to participate in another MCO network, unless their participation in the Medicaid program has lapsed.
- Beginning June 1, 2019, providers were given an option to submit waiting list data directly to HHSC, rather than to MCOs, corresponding to an increase in reporting from 289 clients in FY 2019 Quarter 3 to 1,340 clients in FY 2019 Quarter 4.
  - By the fifth quarter of reporting under the new process (FY 2020 Quarter 4), the number of individuals waiting for services had declined by 78 percent; with 294 members reported as on a waiting list. However, over the first two quarters of FY 2021, the waitlist increased to 581 members. In FY 2021 Quarter 3, the number decreased to 503 members. MCOs report that 53 percent of waitlist members identified by a provider during the quarter had subsequently gained services or been referred to a different provider for services.
  - HHSC analyzed and reviewed therapy encounters for 150 of the 156 clients reported on a waiting list in September, October and November 2020. Within three months, 97 (65 percent) of these members received a therapy service.
- The PHE temporarily decreased the rate at which children received a therapy service in FY 2020. From January to March 2020, the physical therapy utilization rate dropped 44 percent. Speech therapy and occupational therapy utilization rates both fell more than 30 percent. The decrease occurred across the STAR, STAR Health and STAR Kids programs. However, from March 2020

to December 2020, utilization rates for different therapy types bounced back more than 40 percent on average, making up much of the reduction observed at the beginning of the PHE.

- Before the PHE, the therapy service utilization rate for children generally remained near the long-term average trend, as measured over six years beginning with FY 2015. HHSC began implementing therapy policy initiatives in May 2016 and rolled out the STAR Kids program in November 2016. Across program and therapy types, many fluctuations in utilization rates appear transitory, with three notable exceptions:
  - STAR Kids therapy utilization rates declined by more than eight percent from June through September 2017 before leveling off. This decline correlates with the end of a temporary policy extending the length of existing prior authorizations for individuals moving into the new program;
  - Speech therapy rates remained below the long term average trend for most months spanning mid-year 2016 through mid-year 2018, before recovering; and
  - Utilization rates for physical, occupational, and speech therapy for STAR and STAR Health moved above the average long-term trend in early 2019 until the 2020 PHE.

Additional key data trends will be incorporated into the June 2022 biannual report.

## **HHSC Actions and Ongoing Efforts**

- HHSC continues to strengthen its clinical, policy, and operational oversight to ensure Medicaid members have appropriate and timely access to medically necessary services, with specific actions aimed at therapy services.
- The 2020-21 General Appropriations Act, House Bill 1, 86th Texas Legislature, Regular Session, 2019 (Article II, HHSC, Rider 47) provided funding to increase in-home pediatric therapy rates by 10 percent and to raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019.

The following ongoing efforts will help HHSC identify and address any systemic access to care issues for therapy services:

- Reviewing utilization data for individuals reported as waiting for therapy services based on the Rider 10 definition to determine if they subsequently received services.
- Collecting therapy prior authorization data from MCOs for analysis. Initially, this data was collected in aggregate format. In state fiscal year 2020, HHSC began development of the Prior Authorization Member-Level Data Warehousing Project to collect and maintain prior authorization data at the individual transaction level. The more granular data will allow HHSC to connect client level prior authorizations to actual services delivered, as reported in the encounters.

# Legislation

Per Rider 10, the 87th Texas Legislature directed HHSC to do the following:

Out of funds appropriated in Strategy B.1.1, Medicaid Contracts and Administration, HHSC shall submit, on a biannual basis, the following information related to pediatric acute care therapy services (including physical, occupational and speech therapies) by service area (SA) and information regarding whether the items below negatively affect access to care:

1. Provider and member complaints by disposition received by the Office of the Ombudsman and HHSC Health Plan Management;
2. Provider and member complaints by disposition reported by Medicaid Managed Care Organizations using a standard definition of complaint as defined by HHSC;
3. Provider and member appeals by disposition received by HHSC Health Plan Management and resolution of the appeals;
4. The number of pediatric acute care therapy provider terminations and the reason for identified terminations;
5. The utilization of pediatric acute care therapy services by therapy type and provider type;
6. The number of members on a waiting list, defined as 1) those who have been referred to a provider or Medicaid Managed Care Organization, but there is not a treating therapist to perform an initial assessment and 2) those who have been assessed, but are unable to access pediatric acute care therapy services due to insufficient network capacity; and
7. The number of pediatric acute care therapy providers no longer accepting new clients and the reason for identified panel closures.

HHSC shall submit the biannual reports to the Legislative Budget Board and the Governor in a format specified by the Legislative Budget Board. HHSC shall ensure standardized collection of data to obtain all data used in the report. HHSC shall develop a process for pediatric therapy providers to submit data directly to HHSC for items (f) and (g), using feedback obtained from relevant stakeholders.

This is the 12th therapy access monitoring report since December 2018.<sup>3</sup>

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<sup>3</sup> Rider 10 now governs Biannual Therapy Access Monitoring Reports instead of Rider 15 from the previous session (The 2020-21 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019).



# Background

## Medicaid Coverage for Pediatric Therapy Services

Medicaid covers medically necessary physical, occupational, and speech therapy for enrolled children.

- Physical therapists provide interventions to reduce the incidence or severity of disability or pain to enable, train or retrain a person to perform the independent skills and activities of daily living. Physical therapy (PT) services included measurement or testing of the function of the musculoskeletal, or neurological system and rehabilitative treatment concerned with restoring function or preventing disability caused by illness, injury, or birth defect. PT services are provided by physical therapists and physical therapy assistants who are licensed under the Executive Council of Physical Therapy and Occupational Therapy Examiners.
- Occupational therapy (OT) uses purposeful activities to obtain or regain skills needed for activities of daily living (ADL) and functional skills needed for daily life lost through acute medical condition, acute exacerbation of a medical condition, or chronic medical condition related to injury, disease, or other medical causes. OTs use therapeutic goal-directed activities to evaluate, prevent or correct physical dysfunction, and maximize function in a person's life. OT services are provided by occupational therapists and occupational therapy assistants who are licensed under the Executive Council of Physical Therapy and Occupational Therapy Examiners. Physicians may also provide OT services.
- Speech-language pathologists treat speech sound and motor speech disorders, stuttering, voice disorders, aphasia and other language impairments, cognitive disorders, social communication disorders, and swallowing (dysphagia) deficits. Speech therapy (ST) may be provided by speech-language pathologists or speech-language pathology assistants who are licensed under the Texas Department of Licensing and Regulation. Physicians may also provide ST services.
- Children may receive therapy services through Medicaid fee-for-service (FFS) or managed care, including through the STAR, STAR Kids, and STAR Health managed care programs. Medicaid-covered services are the same whether

provided through traditional FFS or managed care. Medicaid MCOs must provide covered services in the same amount, duration, and scope as outlined in the Medicaid state plan. Medicaid MCOs may implement practices to promote appropriate utilization of medically necessary services, such as prior authorization.

## **Policy and Reimbursement Changes to Therapy Services**

In 2015, the 84th Legislature<sup>4</sup> directed HHSC to achieve savings related to physical, occupational and speech therapy services through rate reductions and medical policy initiatives. HHSC implemented reimbursement and policy changes for therapy services over the 2016-17 biennium.

- Fiscal year 2016 – In May 2016, HHSC instituted policy changes related to required documentation and prior authorization for OT, PT, and ST.
  - ▶ Policy changes:
    - ◇ Added a claim modifier to track treatment provided by therapy assistants
    - ◇ Clarified medical necessity criteria
    - ◇ Defined therapy functional goals
    - ◇ Streamlined prior authorization form
  - ▶ These changes were made to help ensure that recipients of therapy services had a medical need for therapy and that the therapy delivered was effective and aligned with current standards of practice.
- Fiscal year 2017 – In December 2016, HHSC made reimbursement reductions for OT, PT, and ST. MCO capitation rates for fiscal year 2017 were adjusted to reflect the reduction.

In 2017, Rider 59 partially restored rates for therapy services and provided direction on reimbursement rates for therapy assistants, and Rider 57 directed HHSC to analyze and report quarterly on data related to pediatric acute care therapy services. In 2019, Rider 47 increased rates for in-home pediatric therapy and therapy assistants.

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<sup>5</sup> 2016-17 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, HHSC, Rider 50(c))

- Fiscal year 2018:
  - ▶ In September 2017, HHSC restored approximately 25 percent of the therapy reimbursement reductions. HHSC also made changes to standardize billing practices for therapy treatment across provider types. These changes required most occupational and physical therapy services to be billed in 15-minute increments and for all speech therapy services to be billed as an encounter consistent with standardized coding and billing guidelines. The Health Insurance Portability and Accountability Act (HIPAA) requires standard billing and coding practices.
  - ▶ In December 2017, HHSC implemented reimbursement reductions for therapy assistants to 85 percent of the rate paid to a licensed therapist.
  - ▶ MCO capitation rates for fiscal year 2018 were adjusted to reflect the restoration of the therapy reimbursement reductions and the implementation of the therapy assistant reimbursement reductions.
- Fiscal year 2019:
  - ▶ In September 2018, HHSC implemented additional reimbursement reductions for therapy assistants to 70 percent of the rate paid to a licensed therapist.
  - ▶ MCO capitation rates for fiscal year 2019 were adjusted to reflect the reimbursement reduction.
- Fiscal year 2020:
  - ▶ HHSC Rider 47 provided funding to increase in-home pediatric therapy rates by 10 percent and raise reimbursement for therapy assistants across all settings from 70 percent to 80 percent of the licensed therapist rate. The new rates were effective September 1, 2019. HHSC has taken the following actions to implement these rate increases:
    - ◊ Increased fee-for-service rates effective September 1, 2019 for in-home therapy services and therapy assistants.
    - ◊ Increased the MCOs capitation rates effective September 1, 2019, to include the additional funding for increased reimbursements to the appropriate providers.
    - ◊ Amended the contract with the MCOs to include the following language:
      - The Texas Legislature, via House Bill 1 and Senate Bill 500, 86th Legislature, Regular Session appropriated funds for fiscal years

2020 and 2021 for rate increases for the following providers and services:

- Rural Hospitals,
  - Children's Hospitals,
  - Private Duty Nursing,
  - Attendant Wages, and
  - Therapy Services.
- In furtherance of this legislative funding directive, HHSC modified the MCOs' capitation rates to include this additional funding effective September 1, 2019. The MCO must make every effort to ensure that this additional funding is reflected in the reimbursement rates paid to these providers and for these services. In addition, HHSC will monitor the MCOs for compliance with this legislative intent.
- ◊ Surveyed the MCOs to ascertain their plans for increasing reimbursements to providers, including therapy providers.

Other program changes occurring since the 2016-17 biennium impacting pediatric therapy services and providers include:

- Fiscal year 2017:
  - ▶ In November 2016, approximately 180,000 children transitioned from Medicaid FFS to the new STAR Kids managed care program. Prior authorizations for these children, previously conducted by the FFS claims administrator, are now performed by the MCOs.
  - ▶ The deadline for provider reenrollment pursuant to the ACA occurred in February 2017, resulting in at least a temporary decline across all provider types in the Medicaid network.

Given the overlapping and consecutive changes, it is challenging to distinguish how a single event or policy change may or may not impact the provision of therapy services. Through its Biannual Therapy Access Monitoring Report process, HHSC will continue to track and report the best available information on current trends.

## Therapy Data Trends and Analysis

Data collection and analysis for Rider 10 is intended to detect potential signs of systemic issues with access to pediatric occupational, physical, and speech therapy services. To collect certain elements required by Rider 10, HHSC provided the Medicaid MCOs a tool for reporting data on complaints, waiting lists, providers that are not accepting new members and provider terminations for therapy services beginning December 2017. Appendix A shows the timeline for HHSC stakeholder engagement efforts for development and implementation of the data collection and reporting process. MCOs report this data to HHSC each month on an ongoing basis. HHSC also obtains complaints data from internal agency sources, including the Office of the Ombudsman and Medicaid and Children's Health Insurance Program (CHIP) Services. Each month, HHSC reviews the data for quality assurance and addresses any identified issues, as needed.

HHSC also reviews Medicaid provider enrollment and client utilization data by therapy discipline to help identify trends in how many therapy providers are enrolled and providing services in Medicaid and how many individuals are receiving therapy services. Utilization data includes FFS claims and managed care encounters.

These data types and sources provide different information about access to pediatric acute care therapy services and have unique considerations and limitations. HHSC monitors and analyzes the data holistically to identify trends, assess access to pediatric therapy services and appropriately address any issues.

## Therapy Provider and Member Complaints and Appeals

For this Biannual report, data for Figures 1–2 and Tables 1–2 are through May 2021. The previous report included data through February 2021.

Figure 1 shows trends in substantiated complaints and appeals relating to pediatric therapy services from June 2020 through May 2021. For this one-year period, an average of 127 complaints and appeals were substantiated per month,<sup>5</sup> including:

- 115 per month from providers, mostly payment and prior authorization related;
- 10 per month from members or persons representing members; and
- one per month from other sources.

These monthly averages, based on one year of data, are above averages reported previously. Figure 1 shows the trend in substantiated complaints and appeals by providers by month for the period. The increase in provider complaints in April 2021 and May 2021 were mainly related to denials of payment by one MCO and denials of prior authorization by another. Both MCOs have resolved those complaints.

**Figure 1: Substantiated Member and Provider Complaints and Appeals for Pediatric Therapy Services (PT, OT, and ST)**

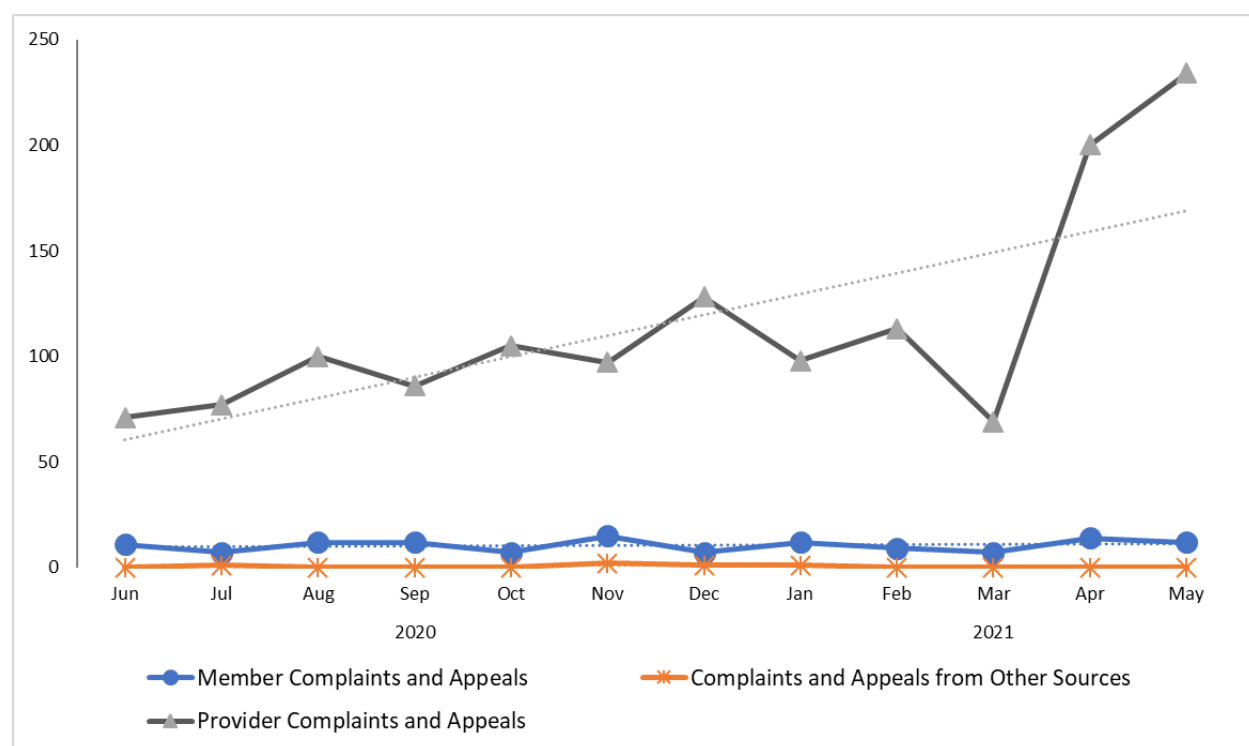


Figure 2 shows the trends in both substantiated and unsubstantiated complaints and appeals relating to pediatric therapy services for June 2020 through May 2021.

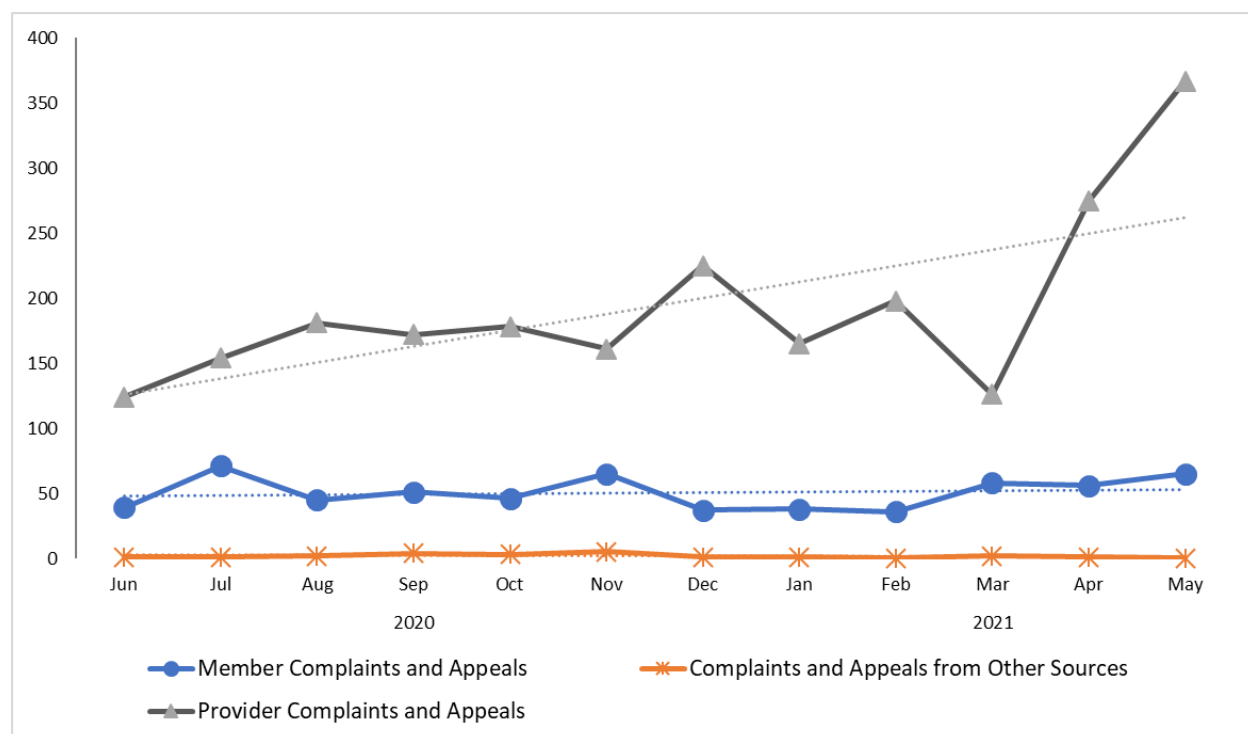
<sup>5</sup> Due to rounding, the number of complaints and appeals may not equal the sum from the different sources.

For this period, there was an average of 247 substantiated and unsubstantiated complaints and appeals per month, including:

- 194 per month from providers;
- 51 per month from members or persons representing members; and
- two per month from other sources.

The Figure 2 trend lines are essentially the same as for Figure 1.

**Figure 2: Substantiated and Unsubstantiated Member and Provider Complaints and Appeals for Pediatric Therapy Services (PT, OT, and ST)**



The average number of members per month who received OT, PT, or ST services were approximately 26,994 (OT), 19,853 (PT), and 51,979 (ST), from March 2020 through February 2021. Consistent with prior Quarterly Monitoring reports, the number of complaints and appeals relative to the number of persons served remains low. The total number of substantiated complaints and appeals represents approximately 0.1 percent of the average number of members receiving pediatric therapy services in a month.

In addition to data on volume, HHSC monitors data on the reasons for complaints and appeals for members, providers and other sources. The vast majority (96 percent) of substantiated complaints and appeals relate to authorization of and payment for pediatric therapy services with less than 10 percent related to

availability and access to pediatric therapy services or other causes. These percentages are roughly similar when looking at unsubstantiated and substantiated complaints combined.

**Table 1: Categories of Substantiated Complaints and Appeals, June 2020-May 2021**

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	49.2 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	3.0 percent
Claims Payment Related	47.0 percent
Other	0.9 percent

*Note: Due to rounding, totals may not exactly equal 100 percent.*

**Table 2: Categories of Substantiated and Unsubstantiated Complaints and Appeals, June 2020-May 2021**

Category of Complaints and Appeals	Percent of Total
Authorization Related (Authorization Delays and Denials)	47.6 percent
Availability and Access Related (Travel Distance, Limited Provider Numbers, Wait Times for Providers)	7.6 percent
Claims Payment Related	43.9 percent
Other	0.8 percent

*Note: Due to rounding, totals may not exactly equal 100 percent.*



# Therapy Provider Participation in Medicaid

To ensure members have access to an adequate network of therapy providers, HHSC monitors and analyzes data on enrolled and active Medicaid therapy providers, as well as data reported by the MCOs on therapy providers that are no longer participating in an MCO's network or have a waiting list for services.

## Network Adequacy Contract Requirements

The HHSC contract with MCOs requires compliance with network adequacy standards for therapy providers. MCO network adequacy requirements may vary by county, based on total population and population density. For therapy providers, members must have access to at least one network provider within the number of miles or travel time from the member's residence, as listed below. Beginning in FY 2021 Quarter 1, the standard for the number network providers increased to two, but the standards for time and distance did not change.<sup>6</sup>

- Members residing in a Metro County: 30 miles or 45 minutes.
- Members residing in a Micro County: 60 miles or 80 minutes.
- Members residing in a Rural County: 60 miles or 75 minutes.

The performance standard is 90 percent.

Average MCO compliance rates per program for the last four quarters are shown in Table 3. From FY 2020 Quarter 4 through FY 2021 Quarter 2, all programs except STAR met the 90 percent standard. In FY 2021 Quarter 3, performance in STAR improved to join the other programs in meeting the 90 percent standard.

**Table 3: Average MCO Network Adequacy Compliance Rates for PT, OT, and ST Providers by Program**

Program	FY 2020 Quarter 4	FY 2021 Quarter 1	FY 2021 Quarter 2	FY 2021 Quarter 3
<b>STAR (16 MCOs)</b>	85 percent	85 percent	84 percent	90 percent
<b>STAR+PLUS (5 MCOs)</b>	93 percent	92 percent	92 percent	93 percent
<b>STAR Kids</b>	95 percent	93 percent	92 percent	92 percent

<sup>6</sup> Travel time is calculated annually. For quarterly tracking, Table 3 is based on distance.

<b>Program</b>	<b>FY 2020 Quarter 4</b>	<b>FY 2021 Quarter 1</b>	<b>FY 2021 Quarter 2</b>	<b>FY 2021 Quarter 3</b>
<b>(9 MCOs<sup>7</sup>)</b>				
<b>STAR Health (1 MCO)</b>	92 percent	90 percent	90 percent	91 percent

The evaluation of network adequacy compliance occurs at the county level. It is possible for an MCO's overall average compliance rate to be high yet still below 90 percent in one or more counties. The number of MCOs per program that did not meet the standard in at least one county for fiscal year 2021, Quarter 3 are:

- STAR: six of 16
- STAR+PLUS: five of five
- STAR Kids: four of nine
- STAR Health: one of one

Most instances of noncompliance were in rural counties in the MRSA. The total number of counties, per program and service area, in which there was noncompliance for fiscal year 2021, Quarter 3 are:

- STAR: 37 rural counties, one Micro county in MRSA West; one rural county in MRSA Central and one rural county each in El Paso, Jefferson, and Nueces.
- STAR+PLUS: 25 rural counties in MRSA West, three rural counties in MRSA Central and one rural county each in MRSA Northeast and Jefferson.
- STAR Kids: 24 rural counties in MRSA West, two rural counties in MRSA Northeast and one rural county in Jefferson.
- STAR Health: 25 rural counties in MRSA West and one rural county in Jefferson.

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<sup>7</sup> Children's Medical Center (CMC) no longer participates in STAR Kids as of 9/1/2020.

## Therapy Providers Currently Enrolled vs. Therapy Providers Currently Active in Texas Medicaid

For this Biannual report, data on enrolled providers are included through June 2021 and data on active billing providers are included through December 2020. The previous report included enrolled provider data through March 2021 and active provider data through September 2020.

Figure 3 shows the number of providers enrolled in the Medicaid program with a therapy provider or specialty type from March 2016 to June 2021. It also shows the number of “active” therapy providers in Medicaid with at least one billed service in a given month for a client less than 21 years old.<sup>8</sup>

The trajectories of enrolled and active providers appear to be impacted by different policy changes. The number of enrolled providers was relatively stable until the deadline for the ACA reenrollment requirement in February 2017, when the number of enrolled therapy providers decreased by 13 percent. Since then, the number of enrolled therapy providers has gradually rebounded by June 2021 to a level about 12 percent above its 2017 peak.

The trend in enrollment after the ACA deadline varies by therapy provider type, as shown in Figure 4. After a 21 percent decrease following the ACA reenrollment deadline, home health agency enrollment has remained relatively flat. In contrast, independent therapists have not only rebounded but have surpassed their pre-February 2017 numbers.

Although monitoring enrolled providers allows HHSC to look at the most up-to-date provider data available, it does not indicate how many providers serve enrollees. Analyzing encounters offers a proxy for monitoring “active” providers, defined as billing for at least one encounter in a given period.

While the decrease in enrolled providers began with the deadline for reenrollment pursuant to the ACA, a decline in active providers began earlier, in May 2016, which corresponds to when therapy policy changes related to documentation and prior authorization were implemented. The number of active providers fell by 30 percent from April 2016 to December 2017. Other events that occurred during that time

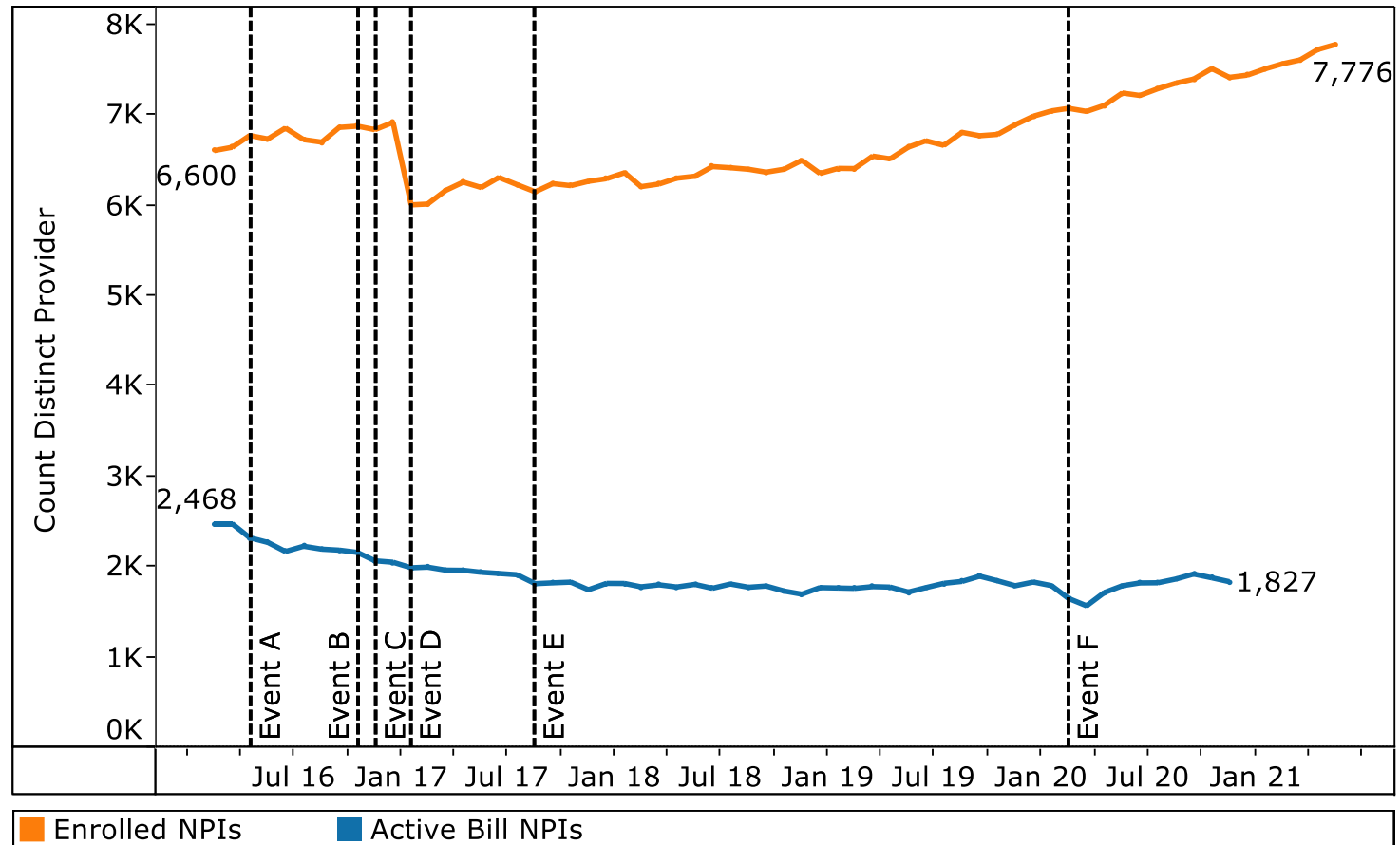
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<sup>8</sup> Due to differences in the availability of monthly data, the trend line in Figure 3 on enrolled providers includes six additional months of data compared to active providers.

period, which may or may not have had additional impacts, include: the STAR Kids program implementation in November 2016, reimbursement rate changes in December 2016 and the deadline for provider reenrollment in February 2017. From December 2016 to December 2017, the number of active providers per month appears to stabilize at a lower level before dipping six percent from December 2017 to June 2019. From June 2019 through January 2020, the number of active providers increased by six percent. However, since then, active providers dropped 13 percent during March and April 2020 with the onset of the PHE but rebounded quickly by June 2020 and continued to increase through October 2020.

Figure 5 shows that the trend in active providers varies by therapy provider type. The trend of overall number of active therapy providers mainly reflects the number of active independent therapists. The trends of other provider types are relatively flat from March 2015 through January 2020. From January 2020 through March 2020, at the beginning of the PHE, the number of active providers fell across a range of therapy provider types, including a six percent decrease among independent therapists and a 41 percent decrease among hospital providers. From March 2020 through December 2020, the number of active providers across the different provider types has increased back to January 2020 levels.

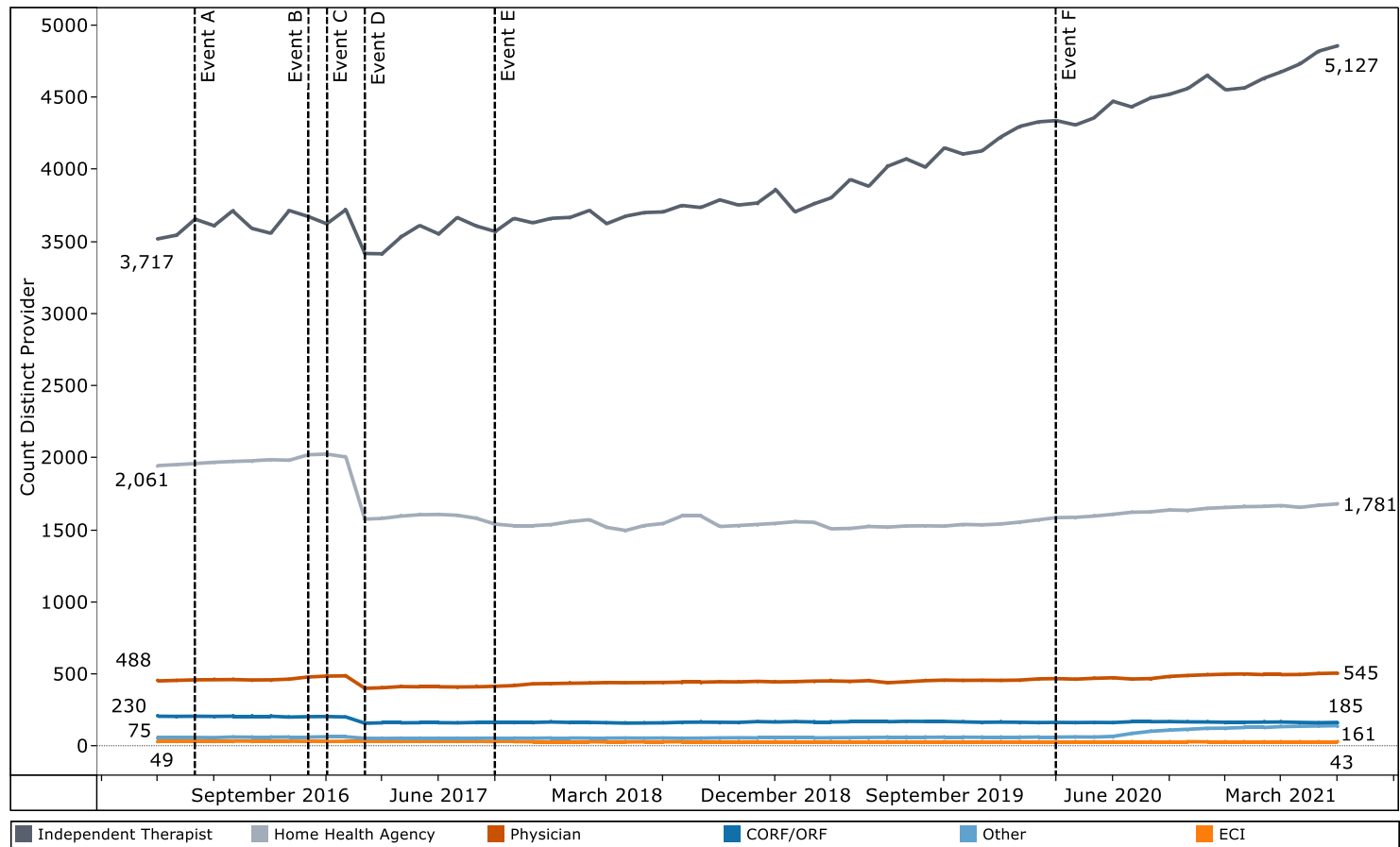
**Figure 3: Enrolled Medicaid Therapy Providers, March 2016–June 2021 and Active Medicaid Therapy Providers, March 2016–December 2020**



Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.

Note: December 2020 data for Active providers are preliminary. Data prepared by Office of Data, Analytics, and Performance (DAP)/HHSC. Numbers and more details in Appendix B Supplemental Table S2.

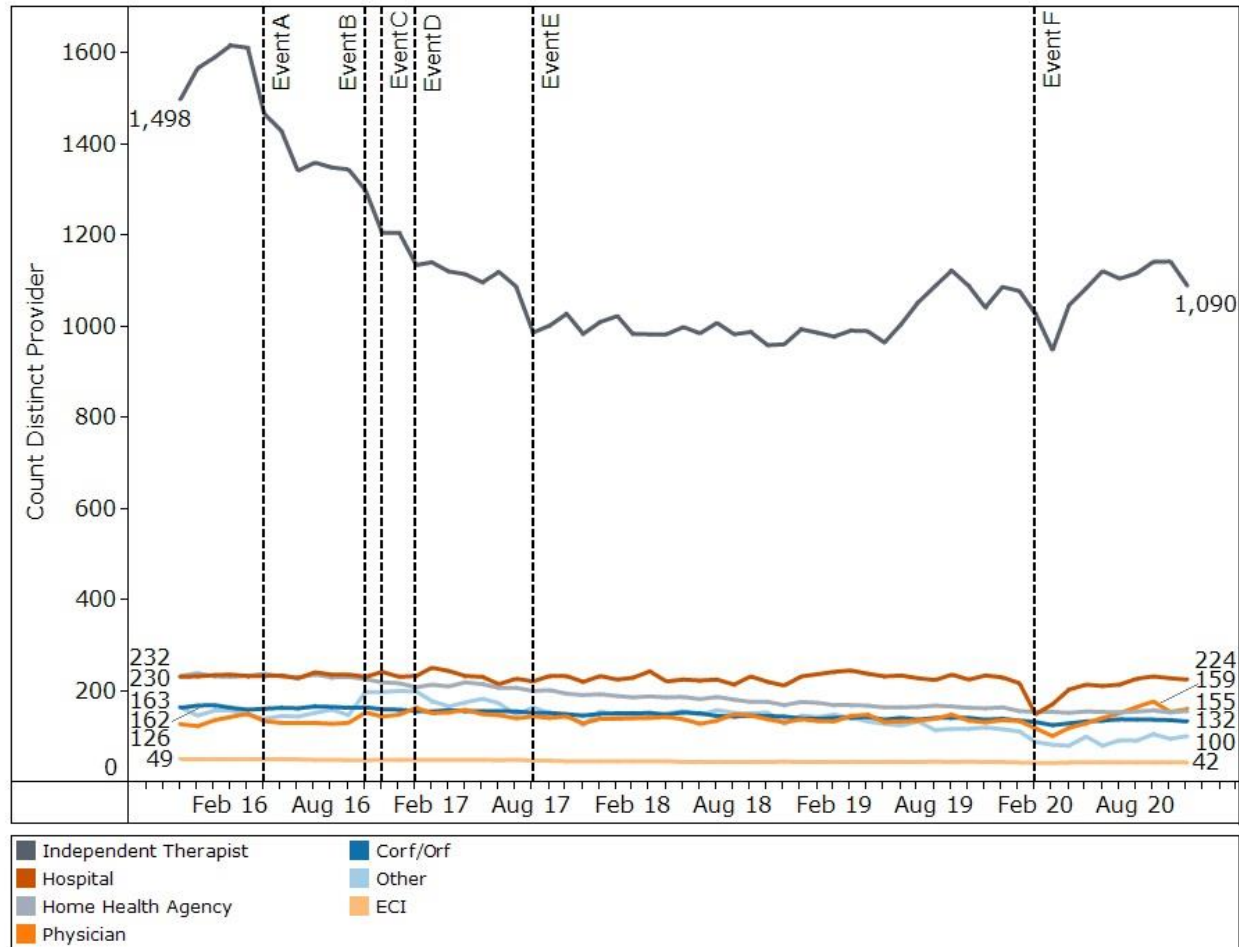
**Figure 4: Enrolled Medicaid Therapists by Provider Type, March 2016–June 2021**



*Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.*

Note: Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S3.

**Figure 5: Active Medicaid Therapists by Provider Type, December 2015–December 2020**



*Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.*

*Note: Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S4. In addition, Supplemental Table S5 shows active Medicaid therapists by Service Area. December 2020 data for Active providers are preliminary.*

## **MCO Network Terminations of Therapy Providers**

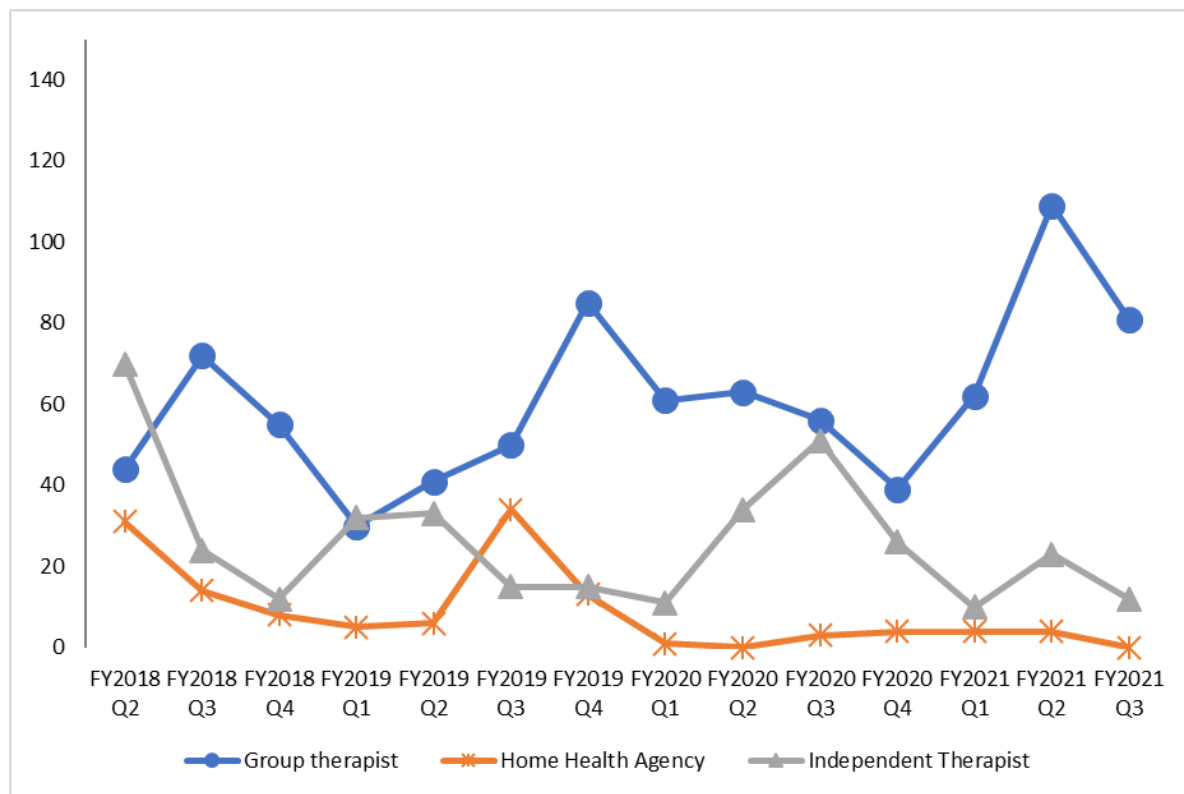
For this Biannual report, data on terminated providers are included through May 2021. The previous report included data from through February 2020.

Each MCO recruits and contracts with its own network of providers. Providers may choose to stop participating in Medicaid or in an MCO network or may be involuntarily terminated by the state or an MCO. If a provider leaves one MCO network, it may still participate in Medicaid as a provider in another MCO network.

On average per month, MCOs reported 36 therapy provider terminations from June 2020 through May 2021 (total of 432 terminations). The terminations by provider type consisted of 67 percent for group therapists, 17 percent for independent therapists, three percent for therapists providing services through a home health agency, and 13 percent from other providers. As shown in Figure 6, quarterly trends for terminations across major therapy provider types tend to fluctuate. Group therapist terminations increased noticeably in FY 2021 Quarter 2 but dropped in FY 2021 Quarter 3.

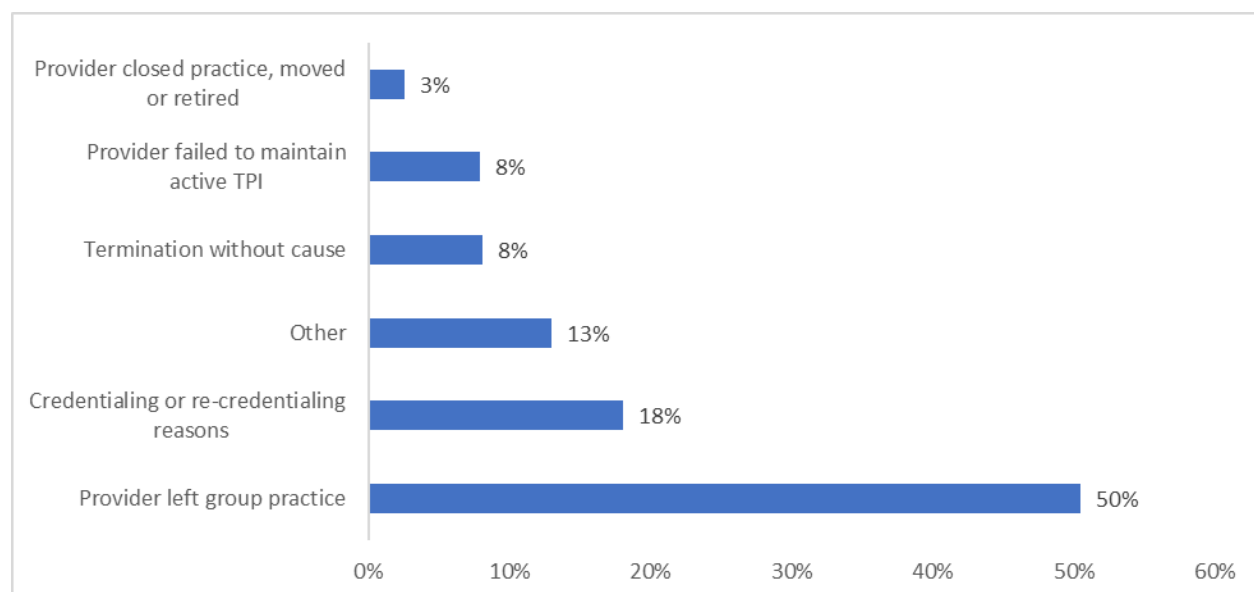


**Figure 6: MCO Network Terminations by Therapy Provider Type, December 2017–May 2021**



The reasons therapy providers terminate from MCO networks vary, but the most common reason involves individual providers leaving a group practice (50 percent). Other reasons included 18 percent for loss of credential or failure to re-credential (either the MCO did not choose to re-credential the provider or the provider did not respond to requests for re-credentialing), eight percent related to termination of contract and eight percent for failure to maintain an active provider number. The groupings of termination reasons for the past year are listed in Figure 7.

**Figure 7: MCO Network Termination Reasons, June 2020-May 2021**



## Provider Waiting Lists for Therapy Services

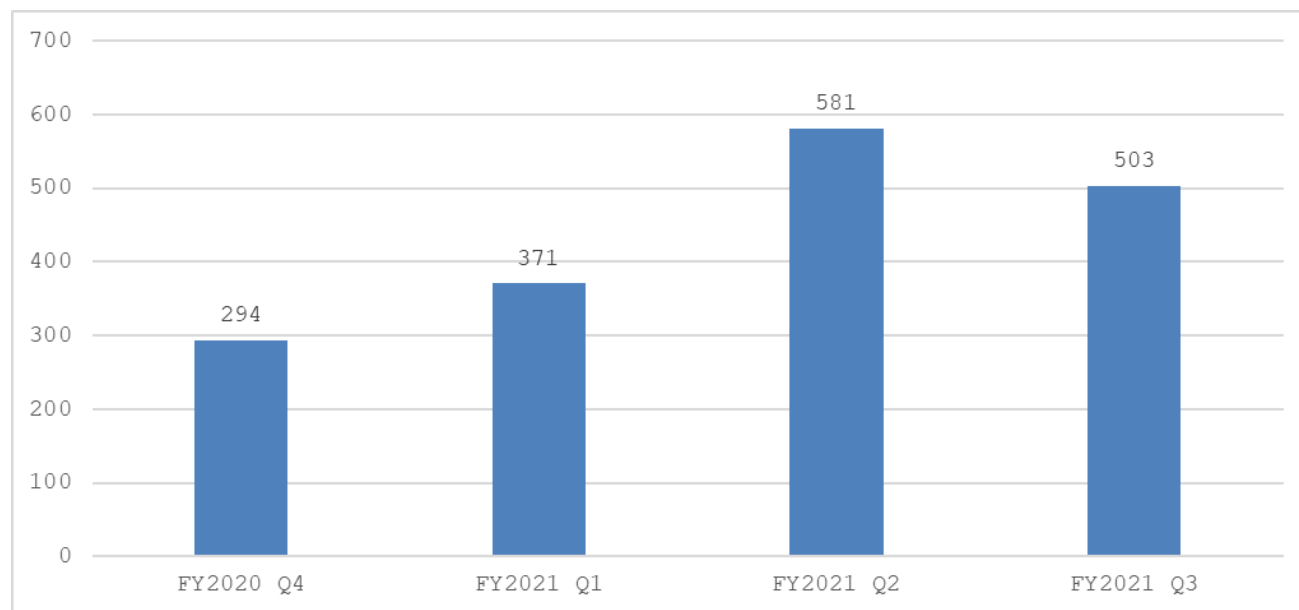
For this Biannual report, data on provider waiting lists are through May 2021. The previous report included data through February 2021.

HHSC receives monthly reports on enrollees who are waiting for therapy services. The waiting list data collection process required by Rider 10 specifies that a provider may submit information to either HHSC or an MCO. HHSC sends the waiting list data it receives to MCOs, who combine it with data submitted directly to them by providers. Then, the MCOs review each case and report final data back to HHSC. According to Rider 10, waiting list reports should cover pediatric enrollees who either 1) were referred for therapy services, but no treating therapist was available to perform an initial assessment; or 2) have been assessed but were unable to access acute care therapy services due to insufficient network capacity. For each individual placed on a waiting list, the data collected includes: program type (STAR, STAR Kids, STAR Health); member service area; provider name and type (PT, OT, or ST); reason for the waiting list placement; whether another provider is available and how the case was resolved.

Figure 8 below shows the number of cases reported for each of the most recent four quarters of data. For context, the number of cases increased sharply in Quarter 4 of FY 2019, coinciding with an improvement in the data collection methodology. Beginning with that quarter, data collection was streamlined through HHSC rather than requiring providers to report waitlist data to each MCO separately. Since the

change to this new process, through Quarter 4 of FY 2020, the number of quarterly waitlist cases declined steadily for four consecutive quarters. However, in Quarters 1 and 2 of FY 2021, the number of waitlist cases increased compared to the previous quarter. The number of waitlist members dropped in Quarter 3 of FY 2021.

**Figure 8: Number of Individuals Reported on a Waiting list, Current Cases by Quarter**



For the most recent quarter (FY 2021 Q3, March 2021 through May 2021), 503 enrollees were reported as waiting for pediatric therapy services. These data were received from 21 providers and 11 MCOs. The majority of enrollees reported on a waiting list were from the Tarrant and Harris service areas. The Harris percentage decreased from 33 percent to 24 percent and Tarrant increased from 38 to 48 percent compared to last quarter.

By service area, the percentage of reported enrollees on a waiting list among enrollees on a waiting list statewide is as follows:

- Tarrant: 48 percent
- Harris: 24 percent
- Travis: 12 percent
- Bexar: seven percent
- Dallas: five percent
- MRSA Central: one percent
- Other: three percent

Additional details for the waiting list data include:

- 51 percent enrolled in STAR (down from 53 percent in the previous quarter)
- 49 percent of individuals were enrolled in STAR Kids (increase from 43 percent)
- 56 percent of individuals needed speech therapy, 22 percent needed occupational therapy, 12 percent needed physical therapy and 10 percent needed multiple therapies\*

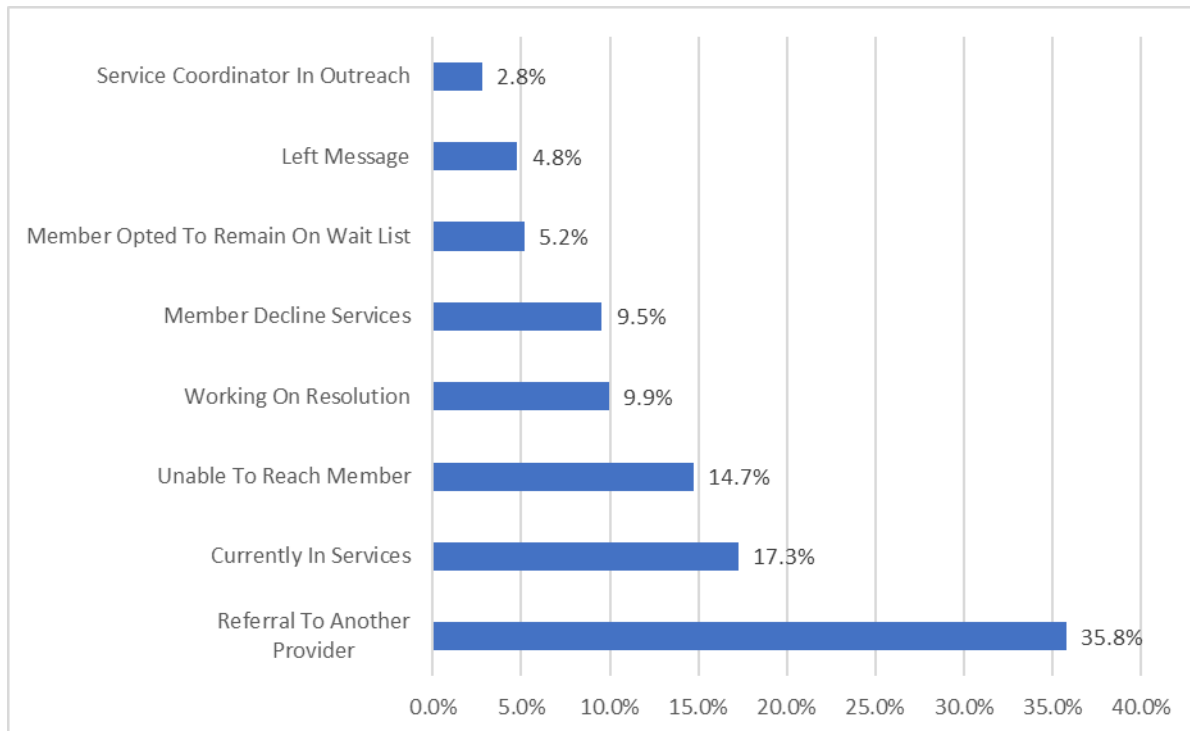
*\*Note: Due to rounding, totals may not exactly equal 100 percent.*

Figure 9 shows how MCOs resolved cases providers reported as on a waiting list for pediatric therapy services during FY 2021 Quarter 3. When a provider reports a member on a waiting list, the member's MCO has an opportunity to review the case and assist the member with accessing services, including by identifying an alternative therapy provider. Resolutions reported for this process by MCOs for the most recent quarter include:

- 53 percent were referred to another provider or the member was reported as currently in services;
- five percent opted to remain on an individual provider's waiting list;
- ten percent declined services (one fifth of these due to the PHE); and
- for approximately 19 percent, MCOs were unable to reach the member or left an unreturned message.
- MCOs are working on a resolution for ten percent of the waiting list cases with another three percent receiving outreach from a service coordinator.

The percentage of members referred to another provider or currently in service increased five percentage points this quarter. While MCOs generally did not cite the PHE as a barrier to members receiving services this quarter, its continuing impact on members' access to care is still under review.

**Figure 9: Resolutions for Individuals Placed on Waiting lists during FY 2021 Quarter 3**



Note: Data complete from March 2021 through May 2021. Many smaller categories were grouped into broader categories.

## Utilization Analysis of Individuals Reported to be on Waiting Lists for Therapies

For this Biannual report, utilization data on provider waiting lists are for September 2020 through November 2020. The previous report included data from June 2020 through August 2020.

To help assess the resolution of waitlist cases, HHSC is tracking three months of member utilization data for all individuals first reported on a waitlist during the quarter. Table 4 summarizes these results by MCO service area for September 2020 through November 2020. Please note that quarterly service data used for this analysis require additional time to collect and thus run two quarters behind other waitlist data published in this report. The analysis excludes clients who were not

continuously enrolled in Medicaid or with the same MCO over the three-month period.<sup>9</sup>

Results shown in Table 4 indicate that about two-thirds (65 percent) of individuals newly reported on a waitlist received a therapy service within three months of the initial report to an MCO. This number is an improvement compared to results for the previous quarter (June 2020 through August 2020). Performance varies across the state.

**Table 4: Newly Reported Waitlist Clients Receiving a Therapy Service Within Three Months of Report, by MCO Service Area, SFY 2021 Quarter 1**

Service Area	Clients on Waitlist	# Ineligible or Left MCO**	Quarterly Waitlist Cohort	# Receiving Service	% Receiving Service
Harris	69	2	67	43	64%
Dallas/Tarrant	53	1	52	38	73%
MRSAs*	7	2	5	2	40%
Travis	12	1	11	5	45%
Jefferson	15	0	15	9	60%
<b>Total</b>	<b>156</b>	<b>6</b>	<b>150</b>	<b>97</b>	<b>65%</b>

*Note: \*Includes Medicaid Rural Services Areas' data for Central, Northeast and West Texas.*

*\*\*Client was not continuously enrolled in Medicaid or with the health plan during the three-month study period.*

## Therapy Providers Not Accepting New Enrollees

For this Biannual report, data are through May 2021. The previous report included data through February 2021.

From December 2020 through May 2021, two MCOs reported that six therapy providers were not accepting new enrollees. No specific reasons were identified.

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<sup>9</sup> This is similar to continuous enrollment criteria used by the Healthcare Effectiveness Data and Information Set (HEDIS) and other industry standard health outcome measure sets.

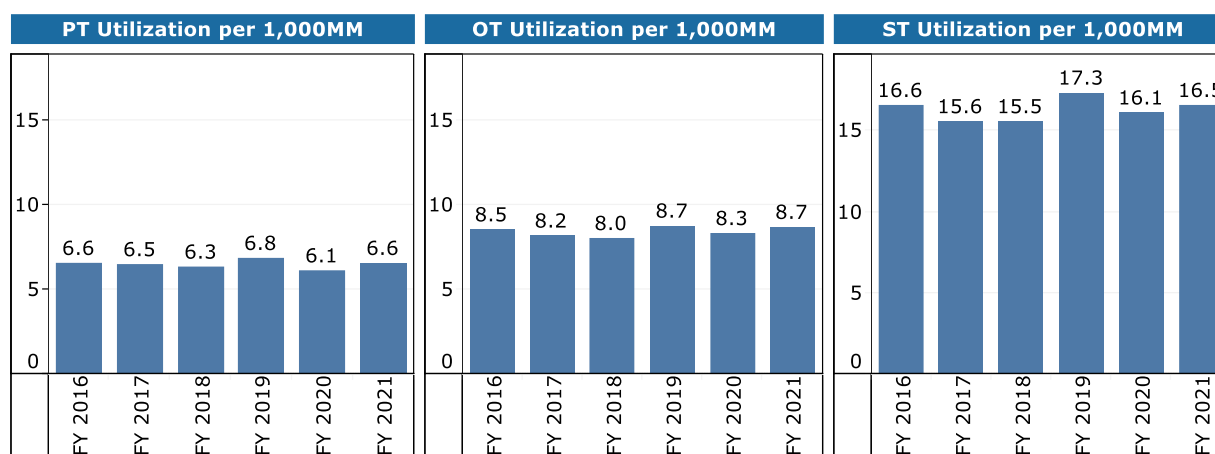
## Utilization of Therapy Services

For this Biannual report, utilization data are through December 2020. The previous report included data through September 2020.

Figure 10 below shows, by therapy discipline, the six-year trend in utilization rates for individuals under 21 years old. These utilization rates reflect the number of children who received a paid therapy service relative to the counts of persons enrolled in Medicaid. Counts are represented per 1,000-member months. For example, in FY 2020, on average, approximately 16 Medicaid enrollees under 21 years old received at least one speech therapy service per month for every 1,000 persons under 21 years old enrolled in the Medicaid program. Please note that for Figures 10, 11, and 12 the data are eight months old to ensure that encounter data has had enough time to stabilize.

Generally, in FY 2016, average utilization rates for pediatric therapy services increased compared to prior years, before declining in FY 2017 after the introduction of Medicaid therapy policy changes. Speech therapy utilization declined by six percent between 2016 and 2017 and is the only type that fell noticeably below its historical rate for the years prior to 2016. As of the end of FY 2019, utilization rates for all therapy types had rebounded to exceed their peak levels for the past five years. However, during the PHE, overall utilization rates dropped in FY 2020. The preliminary data shows that utilization rates have rebounded for all pediatric therapy services as of the first quarter of FY 2021. Table S1 in Appendix B shows the average monthly service utilization rate for FY 2019 through December 2020 by therapy type and service area.

**Figure 10: Utilization by Therapy Type**

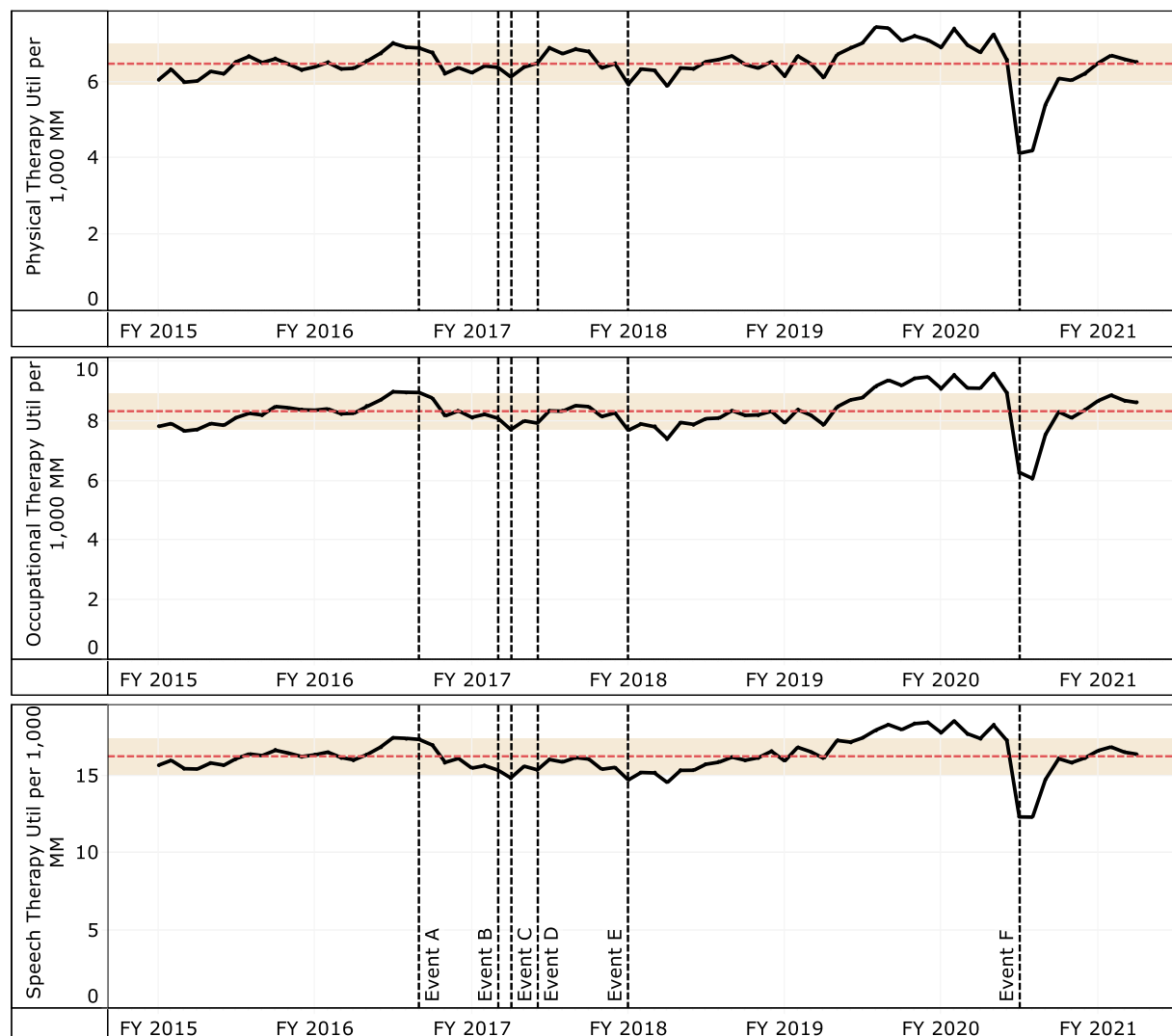


*Note: FY 2021 data is through December 2020 and is preliminary. Data include FFS and Medicaid Managed Care clients who are under the age of 21. School Health and Related Services (SHARS) data excluded. Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S6.*

Figure 11 shows the utilization trends at a more detailed level, by month. Markers highlight program changes with potential impact on utilization rates. The figure shows an increase in utilization for all three therapy types immediately prior to the implementation of Medicaid policy changes for therapy services in May 2016. The rate quickly declined upon enactment of the policy changes. For physical and occupational therapy, the rate settled at a level consistent with the long term average trend and has generally stayed in that range, with some transitory fluctuations. However, for speech therapy, the rate declined and remained below its long-term average for nearly two-years before recovering. Due to the PHE in 2020, utilization rates in March 2020 dropped significantly below the long-term trend for all three services. The physical therapy utilization rate dropped 44 percent from January to March 2020 and the speech and occupational therapy rates both dropped more than 30 percent. However, after this initial decline, utilization rates are rebounding quickly and had made up most of their lost ground as of December 2020.



**Figure 11: Trend in the Numbers of Persons <21 years old who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid**



*Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.*

*Note: Red dash line displays average utilization. Shadow area displays one standard deviation above and below the mean. December 2020 data are preliminary. Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded. Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S7.*

## STAR Kids Utilization Rates

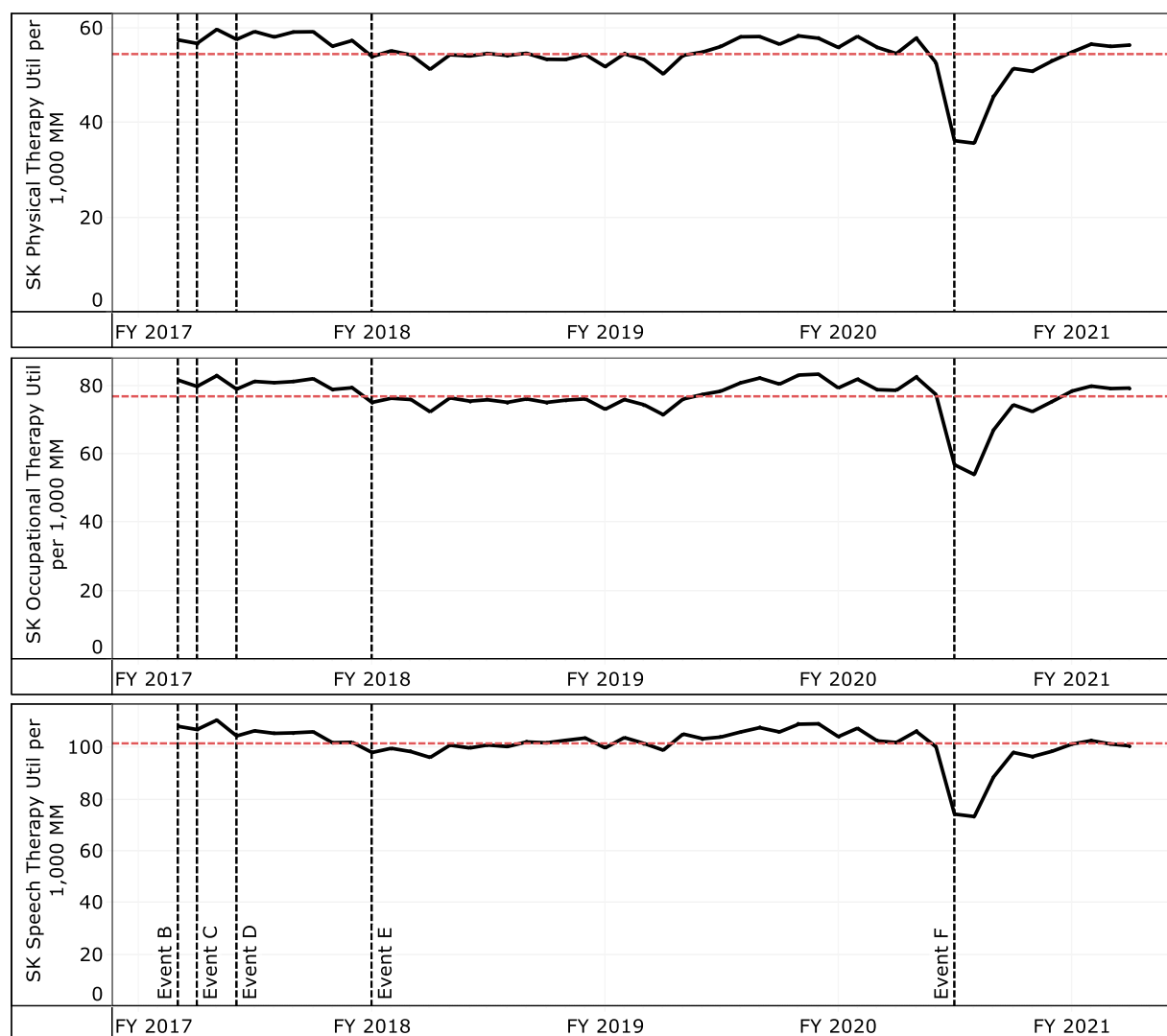
For this Biannual report, STAR Kids utilization data are through December 2020. The previous report included data through September 2020.

Figure 12 shows utilization trends for STAR Kids therapies. From June 2017 to September 2017, the rate of enrollees in STAR Kids receiving speech therapy per 1,000 members per month decreased eight percent. Similarly, both physical and occupational therapy utilization rates decreased nine percent. Since then, from September 2017 through January 2020 utilization rates have fluctuated modestly but appear to remain on their average long-term trend. For STAR and STAR Health, as figure 13 shows, utilization rates for speech, physical, and occupational therapy increased from January 2019 through January 2020.

The PHE has had a significant impact on therapy utilization in 2020. For STAR, STAR Health and STAR Kids, therapy utilization rates fell at least 30 percent from January to March 2020. However, since then, therapy utilization rates are moving back towards their previous levels as of December 2020.

For 2017, the timing of the decrease in STAR Kids therapies correlates with the end of a temporary HHSC policy extending existing prior authorizations for clients transitioning to STAR Kids from FFS. When clients in FFS transitioned to STAR Kids, the end date for their prior authorizations that were active on the transition date were extended to ensure continuity of care. These extended authorizations ended in late spring 2017.

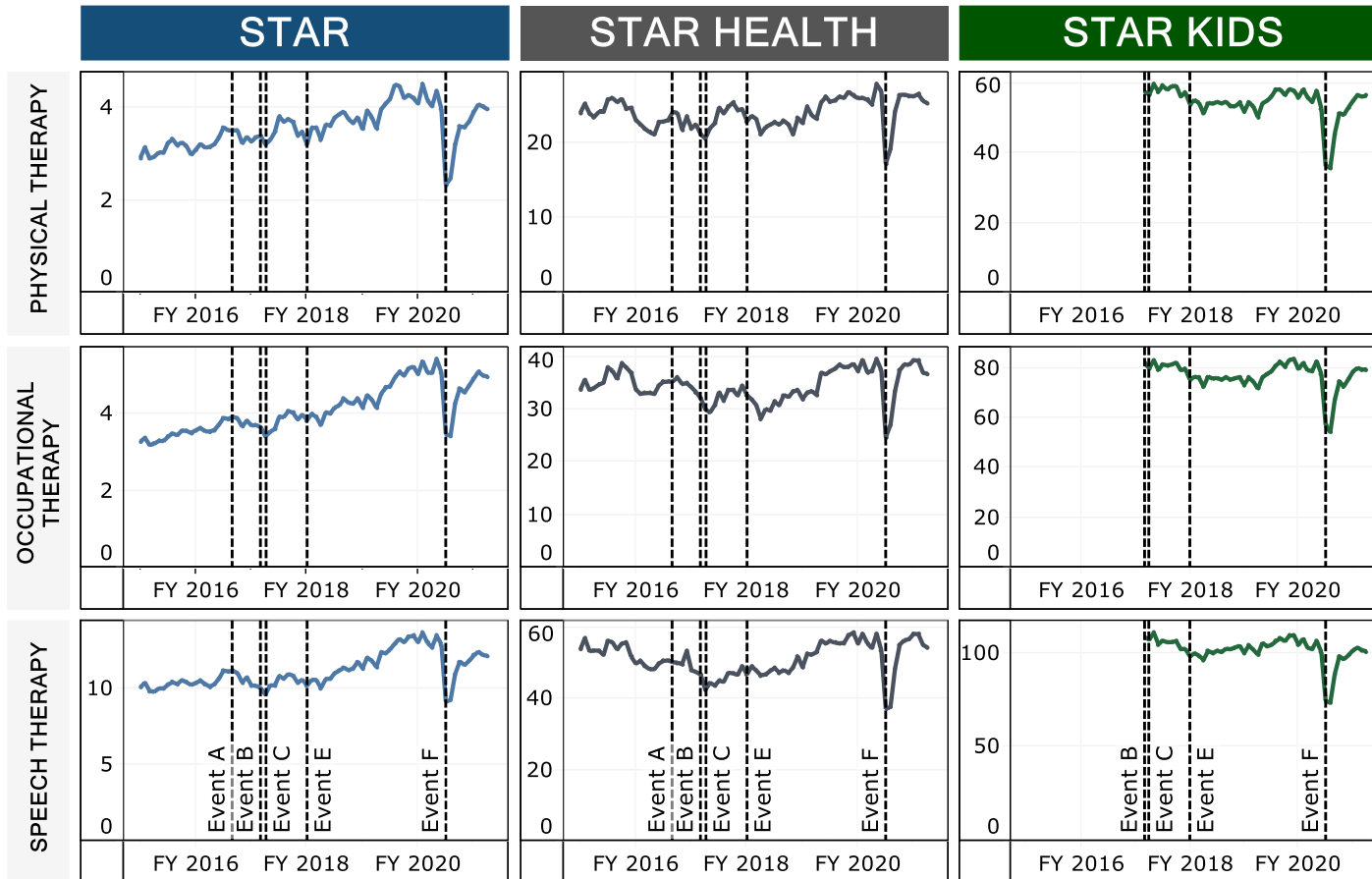
**Figure 12: Trend in the Numbers of Persons <21 who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid, STAR Kids Program Only**



*Reference Lines: Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - Coronavirus Declared National Emergency Mar 2020.*

*Note: December 2020 data are preliminary. Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded. Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S8.*

**Figure 13: Trend in the Numbers of Persons <21 who Received Therapy Services per 1,000 Persons Enrolled in Texas Medicaid, STAR, STAR Health, and STAR Kids**



Reference Lines: Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - COVID-19 PHE Declared National Emergency Mar 2020. Note: December 2020 data are preliminary. Data include STAR, STAR Health, and STAR Kids Medicaid Managed Care clients who are under the age of 21. SHARS data excluded. Data prepared by DAP/HHSC. Numbers and more details in Appendix B Supplemental Table S8. Note: numbers in Appendix B Supplemental Table S8 (STAR KIDS), Table S9 (STAR) and Table S10 (STAR Health).

## Conclusion

Per Rider 10 requirements, HHSC has implemented a comprehensive data collection process for monitoring access to physical, occupational, and speech therapy services. The purpose of this data collection is to detect potential signs of systemic issues with access to pediatric therapy services.

The beginning of the PHE decreased therapy service utilization rates for children in FY 2020. From January to March 2020, the physical therapy utilization rate dropped 44 percent. Speech and occupational therapy utilization rates both dropped more than 30 percent. The decrease occurred across the STAR, STAR Health, and STAR Kids programs. However, utilization is recovering quickly. From March 2020 to December 2020, utilization rates for different therapy types bounced back more than 40 percent on average.

Prior to the PHE, the rate at which children receive a therapy service had remained near long-term historical trends, as measured from 2014, with volatility in the rate just prior to (upward) and for about two years after (mostly downward) May 2016. HHSC began implementing therapy policy initiatives in May 2016 and rolled out the STAR Kids program in November 2016. The utilization rates for physical, occupational, and speech therapy for STAR and STAR Health began increasing in January 2019.

During this same period, changes in therapy provider participation are also apparent. First, the overall number of Medicaid-enrolled therapy providers declined in early 2017, primarily due to the federal requirement for all Medicaid providers to reenroll by February 2017 or be disenrolled from the program. However, since that time, provider enrollment levels have recovered and surpassed their February 2017 level. A decline in active providers began in May 2016, when therapy policy changes related to documentation and prior authorization were implemented. By June 2019, the number of providers active each month had decreased by 31 percent. Since then, the number of active providers started on an upward track, increasing by roughly six percent by January 2020. Due to the PHE, during March and April 2020, the number of active providers fell by 13 percent but had recovered to the pre-PHE level as of December 2020. The trend for active therapy providers mainly reflects changes in the number of active independent therapists. Among the different therapy provider types, independent therapists decreased six percent, while active hospital providers dropped more than 40 percent in March 2020. From March 2020 through December 2020, the number of active providers across different types all came back close to the level of January 2020. Legislative action (HHSC Rider 47,

86th Legislature) to increase rates for therapy providers may lead to improvement in provider enrollment and activity.

Finally, the number of member and provider complaints relating to pediatric therapy services remains low relative to the number of individuals receiving services each month.

To ensure access to and appropriate utilization of medically necessary services, HHSC strengthened its clinical oversight, including therapy services. HHSC hired five therapists (two speech therapists, two physical therapists, and one occupational therapist) for utilization reviews with a focus on the medical necessity of speech, physical, and occupational therapy services in readiness and operational and targeted reviews in the STAR, STAR+PLUS, STAR Kids, and STAR Health programs.

Certain aspects of the data collection process for Quarterly Therapy Access Monitoring Reports, namely waiting list information and providers with closed panels, are challenging. HHSC continues to improve its processes to ensure accuracy of these data. This includes validating information reported by therapy providers to MCOs and HHSC, working directly with MCOs on data they report to HHSC and crosschecking individuals on waiting lists with utilization data. In this area, additional HHSC actions include:

- Allowing therapy providers to report waiting list information directly to HHSC, in addition to continuing to report it to MCOs.
- Performing quality assurance of the MCO reported data and addressing any identified issues.
- Continued data quality checks on data received from MCOs.

The 87th Legislature directed HHSC to continue its pediatric therapy monitoring in the 2022–23 biennium. However, the reporting frequency will change to semi-annually.

## List of Acronyms

<b>Acronym</b>	<b>Full Name</b>
ACA	Affordable Care Act
CHIP	Children’s Health Insurance Program
CORF/ORF	Comprehensive Outpatient Rehabilitation Facility/Outpatient Rehabilitation Facilities
COVID-19	Coronavirus disease of 2019 (novel coronavirus SARS-CoV2)
DAP	Office of Data, Analytics, and Performance
ECI	Early Childhood Intervention
FFS	Fee-for-Service
FY	Fiscal Year
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act
MCO	Managed Care Organization
MRSA	Medicaid Rural Service Area
NPI	National Provider Identifier
OT	Occupational Therapy
PTOTST	Physical Therapy, Occupational Therapy, and Speech Therapy
PHE	Public Health Emergency
PT	Physical Therapy
SA	Service Area
SHARS	School Health and Related Services
ST	Speech Therapy
STAR	State of Texas Access Reform
TMHP	Texas Medicaid and Healthcare Partnership

## **Appendix A. Timeline of Stakeholder Engagement and Education Regarding Data Submission**

<b>Month/Year</b>	<b>Activity</b>
July-September 2017	HHSC developed a data collection tool that aligned with Rider 57 requirements through a stakeholder engagement process. HHSC presented and incorporated feedback, as appropriate, on the draft tool from stakeholders, including the STAR Kids Advisory Committee, Policy Council for Children and Families, Texas Autism Council and therapy provider associations.
November 2017	<ul style="list-style-type: none"> <li>• HHSC conducted 2 webinars for MCOs on the data collection and reporting process.</li> <li>• HHSC provided the final data collection tool to MCOs and stakeholders with direction.</li> </ul>
December 2017	MCOs began reporting therapy data monthly to HHSC.
December 2017-ongoing	HHSC provides periodic technical assistance and consults with MCOs, therapy provider associations and other stakeholders on the data collection and reporting process.
March 2018	HHSC met with therapy providers and associations who expressed concerns about aspects of data collection and reporting. In response, HHSC held a third webinar.
July-August 2018	HHSC collected from MCOs and shared with therapy provider associations how to report waiting list data and how to notify MCOs that they are not accepting new patients.
September-October 2018	HHSC worked with therapy providers to establish a process for validating the reporting chain to ensure that when providers report information to MCOs it is also reported by MCOs to HHSC.



Month/Year	Activity
November 2018-February 2019	HHSC worked with stakeholders to ensure accurate submission of required data and fielded information requests and general inquiries. HHSC worked with therapy providers to establish a process for validating the reporting chain to ensure that when providers report information to MCOs it is also reported by MCOs to HHSC.
June-July 2019	HHSC communicated to MCOs and therapy provider associations, as well as instructed Texas Medicaid and Healthcare Partnership (TMHP) to post a banner message, on the option for providers to directly report waiting list information to HHSC.

## Appendix B. Supplemental Tables

**Table S1: Average Therapy Services Utilization per 1,000 Member Months by Therapy Type and service area for state fiscal years 2019, 2020, and 2021\***

Service Area	Fiscal Year	PT	OT	ST
<b>Bexar</b>	FY2019	8.3	9.5	19.4
	FY2020	7.3	9.2	17.8
	FY2021	7.3	9.3	18.0
<b>Dallas</b>	FY2019	5.5	6.3	17.0
	FY2020	5.3	6.2	16.1
	FY2021	5.7	6.6	15.6
<b>El Paso</b>	FY2019	8.0	11.0	22.8
	FY2020	7.7	10.5	20.2
	FY2021	7.5	10.2	20.2
<b>Harris</b>	FY2019	7.0	7.6	15.0
	FY2020	6.0	6.7	13.5
	FY2021	6.6	7.5	14.8
<b>Hidalgo</b>	FY2019	7.3	18.4	31.4
	FY2020	6.7	18.3	30.9
	FY2021	6.3	17.3	29.5
<b>Jefferson</b>	FY2019	4.2	4.6	10.6
	FY2020	3.7	5.3	10.8
	FY2021	5.2	6.9	13.1
<b>Lubbock</b>	FY2019	9.0	10.2	19.3
	FY2020	8.1	9.2	17.3
	FY2021	8.2	9.5	17.2
<b>MRSA Central</b>	FY2019	6.7	7.7	14.0
	FY2020	6.4	7.7	13.3
	FY2021	6.8	7.8	12.7
<b>MRSA Northeast</b>	FY2019	6.1	7.2	13.0

<b>Service Area</b>	<b>Fiscal Year</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
	FY2020	5.2	6.3	11.4
	FY2021	5.8	6.8	11.6
<b>MRSA West</b>	FY2019	6.8	5.1	11.1
	FY2020	5.5	4.2	9.6
	FY2021	5.8	4.7	9.9
<b>Nueces</b>	FY2019	5.9	5.9	13.1
	FY2020	6.1	6.6	13.8
	FY2021	6.1	6.7	14.7
<b>Statewide - STAR Health</b>	FY2019	25.1	36.0	54.9
	FY2020	24.7	35.6	52.2
	FY2021	25.8	38.0	56.5
<b>Tarrant</b>	FY2019	6.3	5.9	14.0
	FY2020	5.9	6.2	14.1
	FY2021	6.4	6.7	14.1
<b>Travis</b>	FY2019	9.1	10.3	19.3
	FY2020	8.2	9.9	17.9
	FY2021	8.5	9.8	17.8

Notes:

1. \* FY 2021 data is preliminary. It is through December 2020.
2. Data include Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
3. For STAR Health clients, the SA equals Statewide - STAR Health. Otherwise, the SA is based on the Medicaid Program (STAR, STAR+PLUS, or STAR Kids).
4. Data sources, DAP/HHSC. Eligibility: Medicaid 8Month Eligibility / DA\_Production.Eligibility\_since\_201101 (Medicaid), DAP/HHSC; CHIP 8Month Eligibility/ DA\_Production.CHIP\_FOR\_UTILIZATION; PTOTST Claims: THERAPY.THERAPY\_SRVC.

**Table S2: Numbers of Actively Billing Medicaid Providers, March 2016–December 2020 and Enrolled Medicaid Therapy Providers, March 2016–June 2021**

<b>Date</b>	<b>Actively Billing Providers</b>	<b>Enrolled Providers</b>
<b>March 2016</b>	2,468	6,600
<b>April 2016</b>	2,468	6,637
<b>May 2016</b>	2,313	6,767
<b>June 2016</b>	2,261	6,729
<b>July 2016</b>	2,161	6,850
<b>August 2016</b>	2,219	6,722
<b>September 2016</b>	2,187	6,694
<b>October 2016</b>	2,176	6,857
<b>November 2016</b>	2,151	6,871
<b>December 2016</b>	2,058	6,832
<b>January 2017</b>	2,042	6,913
<b>February 2017</b>	1,981	5,999
<b>March 2017</b>	1,988	6,008
<b>April 2017</b>	1,955	6,159
<b>May 2017</b>	1,953	6,251
<b>June 2017</b>	1,931	6,191
<b>July 2017</b>	1,918	6,303
<b>August 2017</b>	1,904	6,223

<b>Date</b>	<b>Actively Billing Providers</b>	<b>Enrolled Providers</b>
<b>September 2017</b>	1,805	6,144
<b>October 2017</b>	1,814	6,234
<b>November 2017</b>	1,822	6,212
<b>December 2017</b>	1,738	6,260
<b>January 2018</b>	1,808	6,289
<b>February 2018</b>	1,807	6,355
<b>March 2018</b>	1,770	6,201
<b>April 2018</b>	1,792	6,230
<b>May 2018</b>	1,768	6,294
<b>June 2018</b>	1,797	6,316
<b>July 2018</b>	1,754	6,423
<b>August 2018</b>	1,801	6,410
<b>September 2018</b>	1,765	6,393
<b>October 2018</b>	1,779	6,361
<b>November 2018</b>	1,723	6,394
<b>December 2018</b>	1,689	6,492
<b>January 2019</b>	1,761	6,347
<b>February 2019</b>	1,757	6,403
<b>March 2019</b>	1,753	6,401

<b>Date</b>	<b>Actively Billing Providers</b>	<b>Enrolled Providers</b>
<b>April 2019</b>	1,772	6,539
<b>May 2019</b>	1,767	6,509
<b>June 2019</b>	1,712	6,638
<b>July 2019</b>	1,761	6,709
<b>August 2019</b>	1,809	6,658
<b>September 2019</b>	1,830	6,802
<b>October 2019</b>	1,888	6,765
<b>November 2019</b>	1,836	6,780
<b>December 2019</b>	1,782	6,887
<b>January 2020</b>	1,823	6,981
<b>February 2020</b>	1,783	7,040
<b>March 2020</b>	1,642	7,068
<b>April 2020</b>	1,560	7,034
<b>May 2020</b>	1,706	7,100
<b>June 2020</b>	1,782	7,238
<b>July 2020</b>	1,813	7,211
<b>August 2020</b>	1,815	7,286
<b>September 2020</b>	1,857	7,348
<b>October 2020</b>	1,912	7,392

<b>Date</b>	<b>Actively Billing Providers</b>	<b>Enrolled Providers</b>
<b>November 2020</b>	1,870	7,508
<b>*December 2020</b>	1,827	7,411
<b>January 2021</b>		7,436
<b>February 2021</b>		7,507
<b>March 2021</b>		7,560
<b>April 2021</b>		7,604
<b>May 2021</b>		7,719
<b>June 2021</b>		7,776

Notes:

1. Policy Changes May 2016; STAR Kids Rollout Nov 2016; Therapy Rate Changes Dec 2016; ACA Deadline Feb 2017; Code Changes Sep 2017; Coronavirus Declared National Emergency Mar 2020.
2. \*December 2020 data for "Actively Billing Providers" are preliminary since encounters generally require eight months before being considered final.
3. Enrolled providers include count of unique National Provider Identifiers (NPIs) for providers with a Texas physical address, no bad address, no sanctions, and no NULL NPI. Data source: TMHP Master Provider File.
4. Active providers include count of unique billing provider NPIs with an associated paid therapy (PTOTST) service for Medicaid clients <21 years of age. SHARS claims are excluded. Data source: THERAPY.THERAPY\_SRVC, DAP/HHSC.

**Table S3: Numbers of Enrolled Medicaid Therapists by Provider Type, March 2016–June 2021**

<b>Month</b>	<b>CORF/ ORF</b>	<b>ECI</b>	<b>Home Health Agency</b>	<b>Independent Therapist</b>	<b>Other</b>	<b>Physician</b>
<b>March 2016</b>	230	49	2,061	3,717	75	488
<b>April 2016</b>	229	49	2,068	3,744	75	492
<b>May 2016</b>	230	49	2,076	3,861	75	496
<b>June 2016</b>	229	49	2,085	3,813	74	497
<b>July 2016</b>	230	49	2,091	3,922	78	498
<b>August 2016</b>	230	48	2,096	3,794	77	495
<b>September 2016</b>	230	48	2,104	3,758	77	496
<b>October 2016</b>	224	48	2,100	3,924	78	501
<b>November 2016</b>	227	46	2,140	3,880	78	517
<b>December 2016</b>	228	46	2,145	3,827	80	523
<b>January 2017</b>	225	47	2,124	3,930	80	525
<b>February 2017</b>	179	47	1,670	3,610	69	434
<b>March 2017</b>	182	47	1,675	3,608	68	438
<b>April 2017</b>	182	47	1,692	3,732	69	447
<b>May 2017</b>	183	47	1,702	3,815	69	445
<b>June 2017</b>	183	47	1,704	3,753	69	445
<b>July 2017</b>	182	47	1,698	3,873	69	444
<b>August 2017</b>	185	47	1,676	3,811	69	445
<b>September 2017</b>	185	45	1,633	3,771	70	449
<b>October 2017</b>	185	45	1,622	3,867	70	454
<b>November 2017</b>	185	44	1,622	3,834	69	467
<b>December 2017</b>	188	44	1,630	3,867	71	469
<b>January 2018</b>	185	44	1,652	3,874	71	471



Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
<b>February 2018</b>	185	44	1,666	3,925	70	473
<b>March 2018</b>	183	42	1,610	3,828	70	476
<b>April 2018</b>	180	42	1,587	3,883	71	475
<b>May 2018</b>	181	43	1,623	3,909	70	476
<b>June 2018</b>	182	43	1,638	3,914	71	477
<b>July 2018</b>	186	44	1,693	3,961	69	479
<b>August 2018</b>	187	44	1,693	3,946	70	479
<b>September 2018</b>	186	44	1,616	4,002	72	482
<b>October 2018</b>	185	44	1,623	3,964	73	481
<b>November 2018</b>	191	44	1,631	3,979	72	485
<b>December 2018</b>	188	44	1,639	4,076	72	481
<b>January 2019</b>	191	44	1,651	3,914	72	483
<b>February 2019</b>	188	44	1,647	3,973	72	487
<b>March 2019</b>	188	44	1,599	4,017	73	488
<b>April 2019</b>	190	44	1,602	4,151	74	485
<b>May 2019</b>	190	44	1,616	4,101	75	490
<b>June 2019</b>	190	44	1,612	4,248	76	475
<b>July 2019</b>	193	44	1,620	4,301	76	482
<b>August 2019</b>	192	44	1,621	4,241	76	490
<b>September 2019</b>	192	44	1,619	4,382	77	494
<b>October 2019</b>	189	44	1,631	4,337	77	492
<b>November 2019</b>	186	44	1,628	4,359	76	493
<b>December 2019</b>	187	44	1,634	4,460	76	492
<b>January 2020</b>	186	44	1,648	4,538	76	494

Month	CORF/ ORF	ECI	Home Health Agency	Independent Therapist	Other	Physician
<b>February 2020</b>	184	44	1,665	4,572	78	503
<b>March 2020</b>	185	44	1,681	4,581	78	505
<b>April 2020</b>	184	44	1,683	4,549	79	501
<b>May 2020</b>	185	44	1,692	4,600	78	507
<b>June 2020</b>	184	44	1,705	4,722	83	511
<b>July 2020</b>	190	44	1,720	4,681	104	502
<b>August 2020</b>	190	44	1,723	4,746	120	505
<b>September 2020</b>	191	44	1,737	4,773	129	521
<b>October 2020</b>	189	44	1,734	4,816	135	528
<b>November 2020</b>	188	43	1,749	4,911	142	533
<b>December 2020</b>	186	43	1,755	4,805	143	537
<b>January 2021</b>	186	43	1,761	4,820	148	539
<b>February 2021</b>	187	43	1,763	4,890	148	534
<b>March 2021</b>	188	43	1,769	4,936	154	534
<b>April 2021</b>	185	43	1,756	4,995	157	535
<b>May 2021</b>	183	43	1,771	5,088	159	542
<b>June 2021</b>	185	43	1,781	5,127	161	545

Notes:

1. Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016; Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017; Event E - Code Changes Sep 2017; Event F - COVID-19 PHE Declared National Emergency Mar 2020.
2. Enrolled providers include count of unique provider NPIs for providers with a Texas physical address, no bad address, no sanctions, and no NULL NPI. Data source: TMHP Master Provider File.

**Table S4: Numbers of Active Medicaid Therapists by Provider Type, December 2015–December 2020**

<b>Date</b>	<b>CORF/ ORF</b>	<b>ECI</b>	<b>Home Health Agency</b>	<b>Hospital</b>	<b>Independent Therapist</b>	<b>Other</b>	<b>Physician</b>
<b>December 2015</b>	162	49	232	230	1,498	163	126
<b>January 2016</b>	167	49	238	231	1,566	145	122
<b>February 2016</b>	168	49	231	234	1,590	156	135
<b>March 2016</b>	162	49	230	235	1,616	156	142
<b>April 2016</b>	158	49	232	232	1,611	147	149
<b>May 2016</b>	160	49	237	232	1,466	138	133
<b>June 2016</b>	162	49	231	233	1,429	144	129
<b>July 2016</b>	161	49	228	227	1,341	143	129
<b>August 2016</b>	165	48	235	240	1,359	151	129
<b>September 2016</b>	164	48	229	235	1,348	158	127
<b>October 2016</b>	162	47	230	235	1,344	146	129
<b>November 2016</b>	163	47	225	230	1,298	197	152
<b>December 2016</b>	159	48	218	241	1,205	197	143
<b>January 2017</b>	158	48	216	230	1,205	199	147
<b>February 2017</b>	155	48	207	232	1,134	198	162
<b>March 2017</b>	154	48	213	250	1,140	177	150
<b>April 2017</b>	157	48	209	243	1,120	165	152
<b>May 2017</b>	155	48	218	232	1,114	174	158
<b>June 2017</b>	155	48	214	230	1,096	182	148
<b>July 2017</b>	155	47	206	214	1,119	172	146
<b>August 2017</b>	154	48	206	226	1,087	147	139

<b>Date</b>	<b>CORF/ ORF</b>	<b>ECI</b>	<b>Home Health Agency</b>	<b>Hospital</b>	<b>Independent Therapist</b>	<b>Other</b>	<b>Physician</b>
<b>September 2017</b>	151	46	199	220	986	163	143
<b>October 2017</b>	151	46	201	232	1,001	150	140
<b>November 2017</b>	148	45	193	232	1,027	146	143
<b>December 2017</b>	145	45	190	219	983	124	128
<b>January 2018</b>	149	45	192	232	1,009	154	138
<b>February 2018</b>	150	45	188	224	1,022	147	138
<b>March 2018</b>	150	45	185	228	983	147	139
<b>April 2018</b>	151	45	187	242	982	145	140
<b>May 2018</b>	147	45	185	220	982	150	142
<b>June 2018</b>	152	43	186	224	998	155	137
<b>July 2018</b>	150	43	181	222	984	147	127
<b>August 2018</b>	144	43	186	224	1,007	157	134
<b>September 2018</b>	143	43	180	213	982	151	148
<b>October 2018</b>	145	43	175	231	987	150	145
<b>November 2018</b>	144	43	175	219	958	152	137
<b>December 2018</b>	143	44	168	211	960	127	130
<b>January 2019</b>	139	43	175	231	993	145	137
<b>February 2019</b>	138	43	173	236	985	142	133
<b>March 2019</b>	140	43	168	241	977	147	132
<b>April 2019</b>	140	43	168	244	990	141	144
<b>May 2019</b>	142	43	167	237	989	132	147

<b>Date</b>	<b>CORF/ ORF</b>	<b>ECI</b>	<b>Home Health Agency</b>	<b>Hospital</b>	<b>Independent Therapist</b>	<b>Other</b>	<b>Physician</b>
<b>June 2019</b>	136	43	163	231	964	127	131
<b>July 2019</b>	140	43	163	233	1,004	123	132
<b>August 2019</b>	136	43	164	227	1,052	132	134
<b>September 2019</b>	140	44	167	223	1,088	113	138
<b>October 2019</b>	140	43	165	235	1,122	116	147
<b>November 2019</b>	140	44	162	224	1,088	116	134
<b>December 2019</b>	136	43	161	233	1,041	119	130
<b>January 2020</b>	138	43	163	229	1,086	115	135
<b>February 2020</b>	134	42	155	216	1,077	110	133
<b>March 2020</b>	131	41	153	148	1,027	87	117
<b>April 2020</b>	124	41	153	170	947	81	100
<b>May 2020</b>	128	42	151	202	1,046	79	118
<b>June 2020</b>	132	42	154	213	1,083	99	128
<b>July 2020</b>	134	42	153	210	1,121	79	140
<b>August 2020</b>	137	42	152	213	1,104	91	150
<b>September 2020</b>	136	42	154	226	1,116	90	164
<b>October 2020</b>	136	42	156	231	1,141	104	176
<b>November 2020</b>	135	42	152	227	1,142	94	153
<b>*December 2020</b>	132	42	155	224	1,090	100	159

Notes:

1. Event A - Policy Changes May 2016; Event B - STAR Kids Rollout Nov 2016;  
Event C - Therapy Rate Changes Dec 2016; Event D - ACA Deadline Feb 2017;

Event E - Code Changes Sep 2017; Event F - COVID-19 PHE Declared National Emergency Mar 2020.

2. Enrolled providers include count of unique provider NPIs for providers with a Texas physical address, no bad address, no sanctions, and no NULL NPI. Data source: TMHP Master Provider File.
3. \*December 2020 data for Active providers are preliminary.

**Table S5: Numbers of Active Medicaid Therapists by Service Area, FY 2019 – FY 2021\***

<b>Service Area</b>	<b>2019</b>	<b>2020</b>	<b>2021</b>
<b>Bexar</b>	288	233	201
<b>Dallas</b>	362	372	296
<b>El Paso</b>	143	170	173
<b>Harris</b>	492	489	407
<b>Hidalgo</b>	554	499	394
<b>Jefferson</b>	170	167	131
<b>Lubbock</b>	123	115	86
<b>MRSA Central</b>	442	472	349
<b>MRSA Northeast</b>	278	239	186
<b>MRSA West</b>	325	298	229
<b>Nueces</b>	132	126	93
<b>Statewide - STAR Health</b>	701	650	493
<b>Tarrant</b>	330	350	300
<b>Travis</b>	470	479	338

Note: \*FY 2021 data is preliminary and through December 2020. Event: COVID-19 PHE Declared National Emergency, Mar 2020.

**Table S6: Utilization by Therapy Type per State Fiscal Year (per 1,000 individuals enrolled in Medicaid), FY 2016-FY 2020**

Therapy Type	FY 2016	FY 2017	FY 2018	FY 2019	FY 2020
PT	6.6	6.5	6.3	6.8	6.1
OT	8.5	8.2	8.0	8.7	8.3
ST	16.6	15.6	15.5	17.3	16.1

Notes:

1. Data include FFS and Medicaid Managed Care clients who are under the age of 21. SHARS data excluded.
2. Data sources: Eligibility: Medicaid 8Month Eligibility / DA\_Production.Eligibility\_since\_201101 (Medicaid), DAP/HHSC; CHIP 8Month Eligibility/ DA\_Production.CHIP\_FOR\_UTILIZATION; PTOTST Claims: THERAPY.THERAPY\_SRVC, DAP/HHSC.



**Table S7: Numbers of Persons <21 years old who Received Therapy Services (per 1,000 Individuals Enrolled in Texas Medicaid), September 2014-December 2020**

Therapy Type	PT	OT	ST
September 2014	6.0	7.8	15.6
October 2014	6.3	7.9	15.9
November 2014	6.0	7.7	15.4
December 2014	6.0	7.7	15.4
January 2015	6.3	7.9	15.8
February 2015	6.2	7.8	15.6
March 2015	6.5	8.1	16.0
April 2015	6.7	8.2	16.4
May 2015	6.5	8.2	16.2
June 2015	6.6	8.5	16.6
July 2015	6.5	8.4	16.4
August 2015	6.3	8.4	16.2
September 2015	6.4	8.4	16.3
October 2015	6.5	8.4	16.5
November 2015	6.3	8.2	16.1
December 2015	6.3	8.2	16.0
January 2016	6.5	8.5	16.3
February 2016	6.7	8.7	16.8
March 2016	7.0	9.0	17.4
April 2016	6.9	9.0	17.4
May 2016	6.9	8.9	17.3
June 2016	6.7	8.8	16.9
July 2016	6.2	8.2	15.8
August 2016	6.4	8.3	16.1
September 2016	6.2	8.1	15.4
October 2016	6.4	8.2	15.6
November 2016	6.4	8.1	15.3
December 2016	6.1	7.7	14.8
January 2017	6.4	8.0	15.6
February 2017	6.5	7.9	15.3
March 2017	6.9	8.3	16.0
April 2017	6.7	8.3	15.8
May 2017	6.8	8.5	16.1
June 2017	6.8	8.5	16.0
July 2017	6.4	8.1	15.4
August 2017	6.5	8.3	15.5

<b>Therapy Type</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
September 2017	5.9	7.7	14.7
October 2017	6.3	7.9	15.2
November 2017	6.3	7.8	15.1
December 2017	5.9	7.4	14.5
January 2018	6.3	7.9	15.3
February 2018	6.3	7.9	15.3
March 2018	6.5	8.1	15.7
April 2018	6.6	8.1	15.8
May 2018	6.7	8.3	16.1
June 2018	6.4	8.2	15.9
July 2018	6.3	8.2	16.1
August 2018	6.5	8.3	16.5
September 2018	6.1	7.9	15.9
October 2018	6.7	8.4	16.8
November 2018	6.5	8.2	16.5
December 2018	6.1	7.9	16.1
January 2019	6.7	8.5	17.2
February 2019	6.9	8.7	17.1
March 2019	7.0	8.8	17.4
April 2019	7.4	9.2	17.9
May 2019	7.4	9.4	18.2
June 2019	7.1	9.2	17.9
July 2019	7.2	9.4	18.3
August 2019	7.1	9.5	18.4
September 2019	6.9	9.1	17.7
October 2019	7.4	9.5	18.5
November 2019	6.9	9.1	17.7
December 2019	6.8	9.1	17.3
January 2020	7.2	9.6	18.2
February 2020	6.6	8.9	17.2
March 2020	4.1	6.3	12.3
April 2020	4.2	6.1	12.3
May 2020	5.4	7.5	14.7
June 2020	6.1	8.3	16.0
July 2020	6.0	8.1	15.8
August 2020	6.2	8.4	16.1
September 2020	6.5	8.7	16.6
October 2020	6.7	8.9	16.8
November 2020	6.6	8.7	16.5

<b>Therapy Type</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
*December 2020	6.5	8.6	16.3

Notes:

1. Policy Changes, May 2016; STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017; Coronavirus Declared National Emergency, Mar 2020.
2. \*December 2020 data are preliminary.
3. Data include FFS and Managed Care clients who are under the age of 21. SHARS Excluded.
4. Data sources: Eligibility: Medicaid 8Month Eligibility / DA\_Production.Eligibility\_since\_201101 (Medicaid), DAP/HHSC; CHIP 8Month Eligibility/ DA\_Production.CHIP\_FOR\_UTILIZATION; PTOTST Claims: THERAPY.THERAPY\_SRVC, DAP/HHSC.

**Table S8: Numbers of Persons <21 years old enrolled in STAR Kids who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals enrolled in STAR Kids program only), November 2016–December 2020**

Date	PT	OT	ST
November 2016	57.4	81.5	108.1
December 2016	56.6	79.7	106.9
January 2017	59.6	82.8	110.6
February 2017	57.5	78.9	104.4
March 2017	59.1	81.1	106.4
April 2017	58.0	80.8	105.4
May 2017	59.0	81.1	105.6
June 2017	59.1	81.9	106.0
July 2017	56.0	78.8	101.8
August 2017	57.2	79.3	102.0
September 2017	53.8	75.0	98.0
October 2017	55.1	76.2	99.6
November 2017	54.2	75.8	98.4
December 2017	51.1	72.2	96.1
January 2018	54.2	76.3	100.9
February 2018	54.0	75.4	99.8
March 2018	54.5	75.8	100.9
April 2018	54.1	75.0	100.3
May 2018	54.5	76.0	102.1
June 2018	53.3	75.0	101.8
July 2018	53.2	75.6	102.7
August 2018	54.3	76.0	103.6
September 2018	51.7	73.0	99.8
October 2018	54.4	75.8	103.8
November 2018	53.2	74.3	101.5
December 2018	50.2	71.4	98.9
January 2019	54.1	76.0	105.2
February 2019	54.8	77.3	103.4
March 2019	56.0	78.3	104.0
April 2019	58.0	80.7	105.9
May 2019	58.1	82.1	107.6
June 2019	56.5	80.3	106.0
July 2019	58.2	83.0	109.0
August 2019	57.7	83.3	109.1
September 2019	55.8	79.2	104.1
October 2019	58.1	81.8	107.4

<b>Date</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
November 2019	55.8	78.7	102.5
December 2019	54.5	78.5	101.9
January 2020	57.7	82.4	106.2
February 2020	52.6	77.3	100.2
March 2020	36.1	56.7	74.2
April 2020	35.6	53.9	73.2
May 2020	45.3	66.9	88.5
June 2020	51.3	74.3	98.0
July 2020	50.7	72.3	96.4
August 2020	52.9	75.3	98.5
September 2020	54.8	78.3	101.3
October 2020	56.5	79.8	102.6
November 2020	56.0	79.1	101.3
December 2020	56.3	79.2	100.6

Notes:

1. Notes for S8 below apply to table S9 and table S10.
2. STAR Kids Rollout, Nov. 2016; Therapy Rate Changes, Dec. 2016; ACA Deadline, Feb. 2017; *COVID-19 PHE Declared National Emergency, Mar 2020*.
3. \*December 2020 data are preliminary.
4. Data include STAR Kids clients only. SHARS data excluded.
5. Data sources: Eligibility: Medicaid 8Month Eligibility / DA\_Production.Eligibility\_since\_201101 (Medicaid), DAP/HHSC; PTOTST Claims: THERAPY.THERAPY\_SRVC, DAP/HHSC.

**Table S9: Numbers of Persons <21 years old enrolled in STAR who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals enrolled in STAR program only), September 2014–December 2020**

Date	PT	OT	ST
September 2014	2.9	3.3	10.1
October 2014	3.1	3.4	10.4
November 2014	2.9	3.2	9.8
December 2014	2.9	3.2	9.8
January 2015	3.0	3.3	10.0
February 2015	3.0	3.3	10.0
March 2015	3.2	3.4	10.3
April 2015	3.3	3.5	10.4
May 2015	3.2	3.4	10.3
June 2015	3.2	3.6	10.5
July 2015	3.2	3.5	10.4
August 2015	3.0	3.5	10.2
September 2015	3.1	3.6	10.4
October 2015	3.2	3.6	10.5
November 2015	3.1	3.5	10.3
December 2015	3.1	3.5	10.1
January 2016	3.2	3.6	10.3
February 2016	3.3	3.7	10.7
March 2016	3.6	3.9	11.2
April 2016	3.5	3.9	11.1
May 2016	3.5	3.9	11.2
June 2016	3.5	3.9	11.0
July 2016	3.2	3.7	10.4
August 2016	3.4	3.8	10.7
September 2016	3.3	3.7	10.2
October 2016	3.4	3.7	10.2
November 2016	3.4	3.6	10.0
December 2016	3.2	3.4	9.6
January 2017	3.3	3.5	10.2
February 2017	3.5	3.6	10.2
March 2017	3.8	3.9	10.8
April 2017	3.7	3.9	10.7
May 2017	3.7	4.1	11.0
June 2017	3.7	4.0	10.8
July 2017	3.4	3.8	10.4
August 2017	3.5	4.0	10.6

<b>Date</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
September 2017	3.2	3.8	10.2
October 2017	3.5	4.0	10.6
November 2017	3.6	3.9	10.6
December 2017	3.3	3.7	10.0
January 2018	3.6	4.0	10.6
February 2018	3.6	4.0	10.7
March 2018	3.8	4.2	11.0
April 2018	3.9	4.2	11.2
May 2018	3.9	4.4	11.4
June 2018	3.7	4.3	11.2
July 2018	3.7	4.3	11.3
August 2018	3.8	4.4	11.8
September 2018	3.5	4.2	11.3
October 2018	3.9	4.5	12.0
November 2018	3.8	4.4	11.8
December 2018	3.5	4.2	11.4
January 2019	4.0	4.5	12.4
February 2019	4.1	4.7	12.3
March 2019	4.2	4.7	12.6
April 2019	4.5	4.9	13.0
May 2019	4.5	5.1	13.3
June 2019	4.2	5.0	13.0
July 2019	4.3	5.2	13.4
August 2019	4.2	5.2	13.5
September 2019	4.1	5.0	13.1
October 2019	4.5	5.4	13.7
November 2019	4.2	5.1	13.0
December 2019	4.0	5.1	12.7
January 2020	4.4	5.4	13.5
February 2020	4.0	5.1	12.9
March 2020	2.3	3.5	9.1
April 2020	2.5	3.4	9.2
May 2020	3.2	4.3	10.9
June 2020	3.6	4.7	11.8
July 2020	3.6	4.5	11.5
August 2020	3.7	4.7	11.8
September 2020	3.9	4.9	12.2
October 2020	4.1	5.1	12.4
November 2020	4.0	5.0	12.2

<b>Date</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
December 2020	4.0	5.0	12.2



**Table S10: Numbers of Persons <21 years old enrolled in STAR Health who Received Therapy Services, by Therapy Type and Month (per 1,000 Individuals enrolled in STAR Health program only), September 2014–December 2020**

Date	PT	OT	ST
September 2014	23.9	33.7	53.8
October 2014	25.2	35.6	57.0
November 2014	23.8	33.6	53.3
December 2014	23.4	34.0	53.6
January 2015	24.1	34.6	53.5
February 2015	24.1	35.0	52.3
March 2015	25.7	37.9	56.3
April 2015	25.9	37.3	55.8
May 2015	25.4	35.7	53.8
June 2015	25.8	38.7	55.5
July 2015	24.5	37.9	55.8
August 2015	24.6	36.9	51.8
September 2015	23.0	33.7	49.8
October 2015	22.4	32.9	50.6
November 2015	21.8	33.0	49.2
December 2015	21.3	33.1	48.2
January 2016	21.0	32.9	48.3
February 2016	22.7	34.6	49.9
March 2016	22.8	35.2	50.6
April 2016	23.0	35.2	50.7
May 2016	24.1	35.3	50.2
June 2016	23.9	36.0	50.1
July 2016	21.7	34.8	49.7
August 2016	23.4	34.9	53.4
September 2016	21.9	34.1	48.0
October 2016	22.4	33.2	47.5
November 2016	21.0	32.0	46.7
December 2016	20.5	29.9	42.5
January 2017	21.9	29.3	44.4
February 2017	22.5	30.8	43.7
March 2017	24.7	33.2	45.0
April 2017	23.8	31.7	44.7
May 2017	24.7	33.6	47.3
June 2017	25.3	33.7	47.1
July 2017	24.3	32.5	46.6
August 2017	24.4	34.5	49.1

<b>Date</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
September 2017	22.8	32.6	46.8
October 2017	23.5	31.9	49.1
November 2017	23.1	30.7	47.9
December 2017	21.1	28.1	46.6
January 2018	22.0	30.0	46.8
February 2018	22.4	29.7	47.8
March 2018	22.6	31.4	48.6
April 2018	22.4	30.7	47.3
May 2018	22.9	32.7	48.0
June 2018	22.4	32.3	47.3
July 2018	21.0	33.3	48.8
August 2018	23.3	33.6	51.9
September 2018	22.5	31.9	48.8
October 2018	24.7	33.1	52.5
November 2018	23.6	33.4	52.4
December 2018	23.1	32.7	53.0
January 2019	25.3	36.9	56.4
February 2019	26.0	36.6	55.5
March 2019	25.4	37.2	56.2
April 2019	25.6	37.6	55.7
May 2019	26.1	38.4	55.6
June 2019	25.9	37.9	55.7
July 2019	26.8	38.1	57.9
August 2019	26.2	38.6	58.6
September 2019	25.9	37.2	55.4
October 2019	25.9	39.4	58.3
November 2019	25.7	36.9	55.6
December 2019	25.1	37.2	54.2
January 2020	27.8	39.5	58.3
February 2020	26.8	37.4	53.6
March 2020	17.1	24.6	37.0
April 2020	19.1	27.0	37.6
May 2020	24.1	33.4	48.5
June 2020	26.3	37.4	55.2
July 2020	26.4	38.5	56.4
August 2020	26.2	38.4	56.7
September 2020	26.1	39.3	58.2
October 2020	26.4	39.2	58.1
November 2020	25.5	36.9	55.1

<b>Date</b>	<b>PT</b>	<b>OT</b>	<b>ST</b>
December 2020	25.2	36.7	54.4